| Fill       | in this information to identify your case:  |           |                                     |
|------------|---|-----------|-------------------------------------|
| Del        | otor 1 Joey Jason Weinkauf First Name Middle Name Last Name   |           |                                     |
| Del        | otor 2  |           |                                     |
| (Spo       | buse if, filing) First Name Middle Name Last Name   |           |                                     |
| Uni        | ted States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON   |           |                                     |
|            | se number 20-40491 (a)  | _         | heck if this is an<br>mended filing |
| Su<br>Be a | ficial Form 106Sum mmary of Your Assets and Liabilities and Certain Statistical Information as complete and accurate as possible. If two married people are filing together, both are equally responsible rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing ame r original forms, you must fill out a new Summary and check the box at the top of this page. | for sup   |                                     |
| Pai        | t 1: Summarize Your Assets  |           |                                     |
|            |   |           | ur assets<br>lue of what you own    |
| 1.         | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | . \$      | 0.00                                |
|            | 1b. Copy line 62, Total personal property, from Schedule A/B  | . \$      | 104,425.00                          |
|            | 1c. Copy line 63, Total of all property on Schedule A/B   | . \$      | 104,425.00                          |
| Pai        | t 2: Summarize Your Liabilities   |           |                                     |
|            |   |           | ur liabilities<br>nount you owe     |
| 2.         | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.   | \$        | 128,957.36                          |
| 3.         | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$        | 45,000.00                           |
|            | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | . \$      | 237,205.22                          |
|            | Your total liabiliti  | es \$     | 411,162.58                          |
| Pai        | t 3: Summarize Your Income and Expenses   |           |                                     |
| 4.         | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$        | 9,850.00                            |
| 5.         | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$        | 8,000.00                            |
| Pai        | t 4: Answer These Questions for Administrative and Statistical Records  |           |                                     |
| 6.         | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with  | your othe | r schedules.                        |
|            | ■ Yes   |           |                                     |
| 7.         | What kind of debt do you have?  |           |                                     |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

32,541.44

\$

Opp the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total o | laim      |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |         |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 45,000.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00      |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 45,000.00 |

| Fill in        | this info             | ormation to identify your     | case and this filing:                     |  |   |  |
|----------------|-----------------------|-------------------------------|---|--|---|--|
| Debto          | or 1                  | Joey Jason Weir               | kauf                                      |  |   |  |
|                | _                     | First Name                    | Middle Name                               | Last Name  |   |  |
| (Spouse        | or 2<br>e, if filing) | First Name                    | Middle Name                               | Last Name  |   |  |
|                |                       |                               |   |  |   |  |
| United         | d States E            | Bankruptcy Court for the:     | WESTERN DISTRICT OF V                     | WASHINGTON   |   |  |
| Case           | number                | 20-40491                      |   |  |   | ☐ Check if this is an                                |
|                |                       |                               |   |  |   | amended filing                                       |
|                |                       |                               |   |  |   |  |
| Offi           | cial F                | orm 106A/B                    |   |  |   |  |
| _              |                       | ile A/B: Prop                 | ertv                                      |  |   | 12/15  |
|                |                       |                               |   | e. If an asset fits in more than o                                     | ana aatamami liat tha aaaat in                    |  |
| inform         |                       | ore space is needed, attach   |   | people are filing together, both a<br>On the top of any additional pag |   |  |
| Part 1         | Describ               | e Each Residence, Building    | g, Land, or Other Real Estate Y           | ou Own or Have an Interest In  |   |  |
| 1. <b>Do</b> v | ou own o              | r have any legal or equitabl  | e interest in any residence, bui          | Iding, land, or similar property?                                      |   |  |
| •              |                       |                               | • ,                                       |  |   |  |
| <b>I</b>       | No. Go to P           | Part 2.                       |   |  |   |  |
|                | es. Where             | e is the property?            |   |  |   |  |
|                |                       |                               |   |  |   |  |
| Part 2         | Describ               | e Your Vehicles               |   |  |   |  |
|                |                       |                               |   |  |   |  |
|                |                       |                               |   | les, whether they are registed: Executory Contracts and U              |   | ehicles you own that                                 |
| SUITIEU        | nie eise u            | ilives. Il you lease a verilo | ie, also report it ori scriedule          | G. Executory Contracts and t   | лехрией севьеь.                                   |  |
| 3. <b>Ca</b> ı | rs, vans,             | trucks, tractors, sport u     | tility vehicles, motorcycles              |  |   |  |
|                | No                    |                               |   |  |   |  |
| <b>=</b> \     | /oc                   |                               |   |  |   |  |
|                | 165                   |                               |   |  |   |  |
| 3.1            | Make:                 | GMC                           | Who has an interest                       | in the property? Check one   | Do not deduct secured cl                          |  |
| 0.1            | Model:                | Yukon XL                      | ■ Debtor 1 only                           | in the property: onesk one   |   | ed claims on Schedule D:<br>Ims Secured by Property. |
|                | Year:                 | 2016                          | Debtor 2 only                             |  |   |  |
|                |                       | nate mileage:                 | Debtor 1 and Deb                          | tor 2 only   | Current value of the<br>entire property?          | Current value of the portion you own?                |
|                | Other info            | ormation:                     |   | e debtors and another  |   |  |
|                |                       |                               |   |  |   |  |
|                |                       |                               | Check if this is of (see instructions)    | ommunity property  | \$40,870.00                                       | \$40,870.00  |
|                |                       |                               |   |  |   |  |
| 3.2            | Make:                 | Jeep                          | Who has an interest                       | in the property? Check one   | Do not deduct secured of the amount of any secure | aims or exemptions. Put ed claims on Schedule D:     |
|                | Model:                | Wrangler                      | Debtor 1 only                             |  | Creditors Who Have Clair                          |  |
|                | Year:                 | 2014                          | Debtor 2 only                             |  | Current value of the                              | Current value of the                                 |
|                | Approxim              | nate mileage:                 | Debtor 1 and Deb                          |  | entire property?                                  | portion you own?                                     |
|                | Other info            | ormation:                     | At least one of the                       | e debtors and another  |   |  |
|                |                       |                               | <b>=</b>                                  |  | \$23,740.00                                       | ¢22 740 00   |
|                |                       |                               | Check if this is of<br>(see instructions) | ommunity property  | Ψ23,140.00  | \$23,740.00  |

| Debto                  | or 1 <b>J</b>            | oey Jason Weinkauf  | Ca  | se number (if known) 20                  | -40491  |
|------------------------|--------------------------|---|---|--|---|
| 3.3                    | Make:<br>Model:<br>Year: | KTM 2005  | Who has an interest in the property? Check one  ■ Debtor 1 only □ Debtor 2 only   | the amount of any secu                   | claims or exemptions. Put red claims on Schedule D: aims Secured by Property.  Current value of the |
|                        | Approxir                 | nate mileage:   | ☐ Debtor 1 and Debtor 2 only  | entire property?                         | portion you own?  |
|                        |                          | formation:  | ☐ At least one of the debtors and another   | ,  |   |
|                        |                          |   | Check if this is community property (see instructions)  | \$540.00                                 | \$540.00  |
| 3.4                    | Make:                    | Honda   | Who has an interest in the property? Check one  |  | claims or exemptions. Put red claims on Schedule D:   |
|                        | Model:                   | Accord  | Debtor 1 only   |  | aims Secured by Property.   |
|                        | Year:                    | 2019  | Debtor 2 only   | Current value of the                     | Current value of the  |
|                        | Approxir                 | mate mileage:   | Debtor 1 and Debtor 2 only  | entire property?                         | portion you own?  |
|                        | Other inf                | formation:  | ☐ At least one of the debtors and another   |  |   |
|                        |                          |   | Check if this is community property (see instructions)  | \$24,925.00                              | \$24,925.00   |
| 4.1                    | es<br>Make:              | Arctic Cat  | Who has an interest in the property? Check one  | Do not doduct converd                    | claims or examplions. Dut   |
|                        | Model:                   | Snowmobile M9000  | ■ Debtor 1 only   | the amount of any secu                   | claims or exemptions. Put<br>red claims on Schedule D:<br>aims Secured by Property.                 |
|                        | Year:                    | 2014  | Debtor 2 only   |  | , , ,   |
|                        |                          |   | Debtor 1 and Debtor 2 only  | Current value of the<br>entire property? | Current value of the<br>portion you own?  |
|                        | Other inf                | formation:  | ☐ At least one of the debtors and another   |  |   |
|                        |                          |   | Check if this is community property (see instructions)  | \$5,000.00                               | \$5,000.00  |
| .pa<br>Part 3<br>Do yo | ges you  Descri          | have attached for Part 2. Wr<br>be Your Personal and Househol<br>or have any legal or equitable | own for all of your entries from Part 2, including an ite that number hered Items e interest in any of the following items? |  | \$95,075.00  Current value of the portion you own?  Do not deduct secured claims or exemptions.     |
| Ex<br>_                | amples:<br>No            | goods and furnishings Major appliances, furniture, line escribe                                 | ens, china, kitchenware   |  |   |
|                        |                          |   | seat, dining room table and chairs, beds, dres<br>nd various items and goods of low value                                   | ssers,                                   | \$4,500.00  |
| Ex                     | No                       |   | video, stereo, and digital equipment; computers, printe<br>s, media players, games  | rs, scanners; music collec               | tions; electronic devices   |
|                        |                          | TV. stereo. c   | omputer. DVD plaver. IPad. phones   |  | \$1,200.00  |

| D  | ebtor 1                           | Joey Jason  | Weinkauf   |                         |                            | Case number (if kn       | own)    | 20-40491  |
|----|-----------------------------------|---|--|-------------------------|----------------------------|--------------------------|---------|---|
| 8. | Example                           |   | l figurines; paintings,<br>ons, memorabilia, col |                         | k; books, pictures, or oth | ner art objects; stamp,  | coin,   | or baseball card collections;   |
|    | ■ No □ Yes.                       | Describe  |  |                         |                            |                          |         |   |
| 9. |                                   | ent for sports a<br>les: Sports, photo<br>musical instr | ographic, exercise, an                           | d other hobby equipn    | nent; bicycles, pool table | s, golf clubs, skis; car | ioes a  | and kayaks; carpentry tools;  |
|    | ■ No<br>□ Yes.                    | Describe  |  |                         |                            |                          |         |   |
| 10 | . <b>Firearn</b><br>Examp<br>■ No |   | s, shotguns, ammunit                             | tion, and related equip | oment                      |                          |         |   |
|    |                                   | Describe  |  |                         |                            |                          |         |   |
| 11 | □ No                              |   | othes, furs, leather co                          | oats, designer wear, s  | shoes, accessories         |                          |         |   |
|    |                                   |   | 1 lot Men's Cloth<br>Clothing.                   | hing, 1 lot Women       | n's Clothing, 3 lot's C    | Children's               |         | \$1,000.00  |
| 12 | □ No                              |   | welry, costume jewelı                            | ry, engagement rings    | , wedding rings, heirloom  | n jewelry, watches, ge   | ms, g   | old, silver   |
|    |                                   |   | Watch and othe                                   | r jewelry of low in     | dividual value             |                          |         | \$900.00  |
| 13 | Examp ■ No                        | orm animals oles: Dogs, cats, Describe                  | birds, horses                                    |                         |                            |                          |         |   |
| 14 | . <b>Any otl</b><br>□ No          | her personal ar   | d household items                                | you did not already     | list, including any heal   | th aids you did not li   | st      |   |
|    | Yes.                              | Give specific in  | formation  |                         |                            |                          |         |   |
|    |                                   |   | Books, pictures                                  | and knick knacks        | 3                          |                          |         | \$500.00  |
| 15 |                                   |   |  | s from Part 3, includ   | ing any entries for pag    | es you have attached     | Ŀ       | \$8,100.00  |
|    |                                   |   |  |                         |                            |                          |         |   |
|    |                                   | scribe Your Finar<br>vn or have any l                   |  | terest in any of the f  | ollowing?                  |                          |         | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16 | □ No                              |   | •  | n your home, in a safe  | e deposit box, and on ha   | nd when you file your    | petitic |   |
|    |                                   |   |  |                         | •                          | Cash                     |         | \$50.00   |
|    |                                   |   |  |                         |                            | 343                      |         | Ψ00:00  |

| D  | ebtor 1 <b>Joey Jaso</b>  | n Weinkauf   |  | Case number (if known) 2          | 0-40491                  |
|----|---|--|--|-----------------------------------|--------------------------|
| 17 |   |  | ounts; certificates of deposit; shares in swith the same institution, list each.                                     | n credit unions, brokerage hou    | ses, and other similar   |
|    | □ No ■ Yes  |  | Institution name:  |                                   |                          |
|    |   | 17.1. Checking   | Bank of America (acct #6<br>Capital One (acct #733)  | 3127)                             | \$1,200.00               |
| 18 | . <b>Bonds, mutual funds</b> <i>Examples:</i> Bond fund                 | s, or publicly traded stocks   | okerage firms, money market accoun   | ts                                |                          |
|    | ■ No □ Yes  | Institution or issuer  |  |                                   |                          |
| 19 | Non-publicly traded joint venture ☐ No                                  | stock and interests in incorp  | orated and unincorporated busines  | sses, including an interest in    | an LLC, partnership, and |
|    | Yes. Give specific i  | information about them<br>Name of entity:                                  |  | % of ownership:                   |                          |
|    |   | Owner of Joe Wein business/LLC exce  | kauf Agency, LLCDebts on ed its value  | 100% %                            | \$0.00                   |
| 20 | Negotiable instrumer  | nts include personal checks, cas<br>numents are those you cannot tra       | otiable and non-negotiable instrum<br>shiers' checks, promissory notes, and<br>ansfer to someone by signing or deliv | money orders.                     |                          |
| 21 | Retirement or pension  Examples: Interests i  No  □ Yes. List each acco | in IRA, ERISA, Keogh, 401(k), 4<br>ount separately.                        | 403(b), thrift savings accounts, or other  | er pension or profit-sharing plar | ns                       |
| 22 | Examples: Agreemer  | sed deposits you have made so  | Institution name:  that you may continue service or use public utilities (electric, gas, water), to                  |                                   | , or others              |
|    | ■ No □ Yes  |  | Institution name or individual:  |                                   |                          |
| 23 | . Annuities (A contract   | t for a periodic payment of mone   | ey to you, either for life or for a numbe  | er of years)                      |                          |
| 24 |   | Issuer name and description.   | ualified ABLE program, or under a  | qualified state tuition progra    | ım.                      |
|    | 26 U.S.C. §§ 530(b)(1) ■ No   | ), 529A(b), and 529(b)(1).   | n. Separately file the records of any ir   |                                   |                          |
| 25 | . Trusts, equitable or ■ No   | future interests in property (c  | other than anything listed in line 1),   | and rights or powers exercis      | sable for your benefit   |
|    | ·   | information about them   |  |                                   |                          |
| 26 |   | trademarks, trade secrets, ar<br>omain names, websites, proceed            | nd other intellectual property eds from royalties and licensing agree  | ments                             |                          |
|    | ☐ Yes. Give specific i  | information about them   |  |                                   |                          |
| 27 |   | s, and other general intangible permits, exclusive licenses, cooperations. | es<br>perative association holdings, liquor li   | censes, professional licenses     |                          |

| Debtor '               | Joey Jason Weinkauf                                   | Case num   | nber (if known) | 20-40491   |
|------------------------|---|--|-----------------|--|
| □ Ye                   | es. Give specific information abou                    | t them   |                 |  |
| Money                  | or property owed to you?                              |  |                 | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 28. <b>Tax</b>         | refunds owed to you                                   |  |                 |  |
| ■ No                   |   | them, including whether you already filed the returns and the tax  | years           |  |
|                        | •   | ony, spousal support, child support, maintenance, divorce settlen  | nent, property  | settlement   |
| □ Ye                   | es. Give specific information                         |  |                 |  |
| Exa<br>■ No            | benefits; unpaid loans you                            | surance payments, disability benefits, sick pay, vacation pay, wo made to someone else   | orkers' compe   | nsation, Social Security   |
| □ Ye                   | es. Give specific information                         |  |                 |  |
|                        |   | urance; health savings account (HSA); credit, homeowner's, or re   | enter's insurar | nce  |
|                        | es. Name the insurance company of Company             |  |                 | Surrender or refund value:   |
| If you som             | ou are the beneficiary of a living truneone has died. | you from someone who has died ast, expect proceeds from a life insurance policy, or are currently of   | entitled to rec | eive property because  |
|                        | amples: Accidents, employment dis                     | er or not you have filed a lawsuit or made a demand for paymer<br>eputes, insurance claims, or rights to sue                                 | ent             |  |
|                        | es. Describe each claim                               |  |                 |  |
|                        |   | Damages claim(s) arising from personal injury that o on or about September 21, 2019. Robert Sears is har and will appointed special counsel. |                 | Unknown  |
| ■ No                   | •   | claims of every nature, including counterclaims of the debtor  | and rights to   | set off claims   |
| 35. <b>Any</b><br>■ No | financial assets you did not alre                     | eady list  |                 |  |
|                        | es. Give specific information                         |  |                 |  |
|                        |   | entries from Part 4, including any entries for pages you have  | attached        | \$1,250.00   |
| Part 5:                | Describe Any Business-Related Pro                     | perty You Own or Have an Interest In. List any real estate in Part 1.  |                 |  |
|                        |   | e interest in any business-related property?   |                 |  |
|                        | Go to Part 6.   | ury saumoss routed property :  |                 |  |
| ☐ Yes                  | s. Go to line 38.                                     |  |                 |  |

| Deb          | tor 1                | Joey Jason Weinkauf   |                        | Case number (if known)    | 20-40491                 |
|--------------|----------------------|---|------------------------|---------------------------|--------------------------|
| Part         |                      | escribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In.                    |                          |
| 46. <b>I</b> | Οο γοι               | u own or have any legal or equitable interest in any farm-  | or commercial fishin   | ng-related property?      |                          |
|              | No.                  | Go to Part 7.   |                        |                           |                          |
|              | ☐ Yes                | s. Go to line 47.   |                        |                           |                          |
| Part         | 7:                   | Describe All Property You Own or Have an Interest in That You   | Did Not List Above     |                           |                          |
| •            | <i>Exam</i> µ<br>INo | u have other property of any kind you did not already list?<br>oles: Season tickets, country club membership          |                        |                           |                          |
|              | Yes.                 | Give specific information   |                        |                           |                          |
| 54.          | Add 1                | the dollar value of all of your entries from Part 7. Write tha  | at number here         |                           | \$0.00                   |
| Part         | 8:                   | List the Totals of Each Part of this Form   |                        |                           |                          |
| 55.          | Part '               | 1: Total real estate, line 2  |                        |                           | \$0.00                   |
| 56.          | Part 2               | 2: Total vehicles, line 5   | \$95,075.00            |                           |                          |
| 57.          | Part 3               | 3: Total personal and household items, line 15  | \$8,100.00             |                           |                          |
| 58.          | Part 4               | 4: Total financial assets, line 36  | \$1,250.00             |                           |                          |
| 59.          | Part !               | 5: Total business-related property, line 45   | \$0.00                 |                           |                          |
| 60.          | Part (               | 6: Total farm- and fishing-related property, line 52  | \$0.00                 |                           |                          |
| 61.          | Part 7               | 7: Total other property not listed, line 54 +   | \$0.00                 |                           |                          |
| 62.          | Total                | personal property. Add lines 56 through 61  | \$104,425.00           | Copy personal property to | otal <b>\$104,425.00</b> |
| 63.          | Total                | of all property on Schedule A/B. Add line 55 + line 62  |                        |                           | \$104,425.00             |

| Fill in this infor  | mation to identify your  | case:              |               |                                    |
|---------------------|--------------------------|--------------------|---------------|------------------------------------|
| Debtor 1            | Joey Jason Wein          | kauf               |               |                                    |
|                     | First Name               | Middle Name        | Last Name     |                                    |
| Debtor 2            |                          |                    |               |                                    |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name     |                                    |
| United States Ba    | ankruptcy Court for the: | WESTERN DISTRICT O | DF WASHINGTON |                                    |
| Case number         | 20-40491                 |                    |               |                                    |
| (if known)          |                          |                    |               | Check if this is an amended filing |

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exempt |
|---|
|---|

| 1. | Which set of exemptions are you claiming   | ? Check one only, ever               | n if yo | ur spouse is filing with you.                                   |                                    |
|----|--|--------------------------------------|---------|---|------------------------------------|
|    | ☐ You are claiming state and federal nonban  | kruptcy exemptions. 1                | 11 U.S  | S.C. § 522(b)(3)  |                                    |
|    | ■ You are claiming federal exemptions. 11  | U.S.C. § 522(b)(2)                   |         |   |                                    |
| 2. | For any property you list on Schedule A/B  | that you claim as exe                | mpt,    | fill in the information below.                                  |                                    |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo     | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |  | Copy the value from<br>Schedule A/B  | Che     | ck only one box for each exemption.                             |                                    |
|    | 2005 KTM Line from Schedule A/B: 3.3   | \$540.00                             |         | \$540.00  | 11 U.S.C. § 522(d)(5)              |
|    | Line IIIIII Schedule AVD. 3.3  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Couch, love seat, dining room table and chairs, beds, dressers, end                    | \$4,500.00                           |         | \$5,500.00  | 11 U.S.C. § 522(d)(3)              |
|    | tables and various items and goods of low value Line from Schedule A/B: 6.1            |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | TV, stereo, computer, DVD player, IPad, phones   | \$1,200.00                           |         | \$2,200.00  | 11 U.S.C. § 522(d)(3)              |
|    | Line from Schedule A/B: 7.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | 1 lot Men's Clothing, 1 lot Women's<br>Clothing, 3 lot's Children's Clothing.          | \$1,000.00                           |         | \$2,500.00  | 11 U.S.C. § 522(d)(3)              |
|    | Line from Schedule A/B: 11.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Watch and other jewelry of low individual value  | \$900.00                             |         | \$1,700.00  | 11 U.S.C. § 522(d)(4)              |
|    | Line from Schedule A/B: 12.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |

|  |   | Case number (if known)   | 20-40491  |
|--|---|--|---|
| Current value of the portion you own  Copy the value from Schedule A/B |   |  | Specific laws that allow exemption  |
| \$500.00   |   | \$1,500.00   | 11 U.S.C. § 522(d)(3)   |
|  |   | 100% of fair market value, up to any applicable statutory limit  |   |
| \$50.00  |   | \$50.00  | 11 U.S.C. § 522(d)(5)   |
|  |   | 100% of fair market value, up to any applicable statutory limit  |   |
| \$1,200.00   |   | \$1,325.00   | 11 U.S.C. § 522(d)(5)   |
|  |   | 100% of fair market value, up to any applicable statutory limit  |   |
| \$0.00   |   | \$100.00   | 11 U.S.C. § 522(d)(5)   |
|  |   | 100% of fair market value, up to any applicable statutory limit  |   |
| Unknown  |   | \$25,150.00  | 11 U.S.C. § 522(d)(11)(D)   |
|  |   | 100% of fair market value, up to any applicable statutory limit  |   |
| Unknown  |   | \$11,885.00  | 11 U.S.C. § 522(d)(5)   |
|  |   | 100% of fair market value, up to any applicable statutory limit  |   |
|  |   | led on or after the date of adjustmen  | ıt.)  |
| ed by the exemption wi   | thin 1  | ,215 days before you filed this case?  | ?   |
|  |   |  |   |
|  | \$500.00 \$500.00 \$1,200.00 \$1,200.00  \$1,200.00  Unknown  Unknown | \$500.00 Che Schedule A/B  \$500.00 Shedule A/B  \$500.00 Shedule A/B  \$500.00 Shedule A/B  Shedule | Current value of the portion you own  Copy the value from Schedule A/B  \$500.00  \$1,500.00  \$1,500.00  \$50.00  \$50.00  \$50.00  \$1,00% of fair market value, up to any applicable statutory limit  \$1,200.00  \$1,325.00  \$1,00% of fair market value, up to any applicable statutory limit  \$1,200.00  \$1,00% of fair market value, up to any applicable statutory limit  \$1,00% of fair market value, up to any applicable statutory limit  \$1,00% of fair market value, up to any applicable statutory limit  \$1,00% of fair market value, up to any applicable statutory limit  Unknown  \$25,150.00  \$100% of fair market value, up to any applicable statutory limit  Unknown  \$11,885.00  \$100% of fair market value, up to any applicable statutory limit |

| Fill i          | n this informa                       | tion to identify you    | r case:  |                  |  |  |                             |
|-----------------|--------------------------------------|-------------------------|--|------------------|--|--|-----------------------------|
| Debt            | or 1                                 | Joey Jason Wei          | nkauf<br>Middle Name   | Last Name        |  |  |                             |
| Debt<br>(Spou   | tor 2<br>se if, filing)              | First Name              | Middle Name  | Last Name        |  |  |                             |
| Unite           | ed States Bank                       | ruptcy Court for the:   | WESTERN DISTRICT OF WA   | SHINGTON         |  |  |                             |
| Case<br>(if kno |                                      | -40491                  |  |                  |  | _  | if this is an<br>led filing |
|                 | cial Form<br>nedule D                |                         | Who Have Claims  | Secure           | d by Propert   | y  | 12/15                       |
| is nee          |                                      |                         | f two married people are filing togeth<br>out, number the entries, and attach it       |                  |  |  |                             |
|                 | ,                                    | ave claims secured by   | your property?   |                  |  |  |                             |
| _               | _ `                                  | -                       | nis form to the court with your other  | r schedules. Y   | ou have nothing else t                                 | o report on this form.                       |                             |
| ı               | Yes. Fill in a                       | Il of the information b | pelow.   |                  | · ·  | •  |                             |
| Part            | 1: List All S                        | Secured Claims          |  |                  |  |  |                             |
|                 |                                      |                         | nore than one secured claim, list the cre  | editor separatel | Column A   | Column B                                     | Column C                    |
| for ea          | ach claim. If more                   | e than one creditor has | a particular claim, list the other creditor cal order according to the creditor's name | s in Part 2. As  | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any    |
| 2.1             | AmeriCredi<br>Financial              | t/GM                    | Describe the property that secures   | the claim:       | \$58,801.00  | \$40,870.00                                  | \$17,931.00                 |
|                 | Attn: Bankr Po Box 183               | 853                     | As of the date you file, the claim is:   | Check all that   |  |  |                             |
|                 | Arlington, T                         | ity, State & Zip Code   | ☐ Contingent ☐ Unliquidated  |                  |  |  |                             |
| Who             | owes the debt                        | ? Check one.            | ☐ Disputed  Nature of lien. Check all that apply.                                      |                  |  |  |                             |
| _               | ebtor 1 only                         |                         | ☐ An agreement you made (such as car loan)   | mortgage or se   | ecured   |  |                             |
| _               | ebtor 1 and Debt                     | or 2 only               | ☐ Statutory lien (such as tax lien, me   | echanic's lien)  |  |  |                             |
| A A             | t least one of the                   | debtors and another     | ☐ Judgment lien from a lawsuit   |                  |  |  |                             |
|                 | heck if this clair<br>community debt |                         | Other (including a right to offset)  | Purchase         | Money Security   |  |                             |
|                 |                                      | Opened<br>05/16 Last    |  |                  |  |  |                             |

5224

Last 4 digits of account number

Date debt was incurred Active 12/17

| Debtor 1 Joey Jason Weinkauf                      |   | Case nu          | ımber (if known)      | 20-40491    |             |
|---|---|------------------|-----------------------|-------------|-------------|
| First Name Middle N                               | ame Last Name                                     |                  |                       |             |             |
|   |   |                  | <b>407.005.00</b>     | <b>***</b>  | 040 440 00  |
| 2.2 Amiercan Honda Finance Creditor's Name        | Describe the property that secures the            | claim:           | \$37,035.66           | \$24,925.00 | \$12,110.66 |
| Creditor s Name                                   | 2019 Honda Accord                                 |                  |                       |             |             |
|   |   |                  |                       |             |             |
| PO Box 168088                                     | As of the date you file, the claim is: Che        | ck all that      |                       |             |             |
| Irving, TX 75016                                  | apply.  Contingent                                |                  |                       |             |             |
| Number, Street, City, State & Zip Code            | ☐ Unliquidated                                    |                  |                       |             |             |
|   | ☐ Disputed  |                  |                       |             |             |
| Who owes the debt? Check one.                     | Nature of lien. Check all that apply.             |                  |                       |             |             |
| ■ Debtor 1 only                                   | ☐ An agreement you made (such as mor              | tgage or secured |                       |             |             |
| Debtor 2 only                                     | car loan)   |                  |                       |             |             |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechai        | nic's lien)      |                       |             |             |
| ☐ At least one of the debtors and another         | ☐ Judgment lien from a lawsuit                    | ,                |                       |             |             |
| ☐ Check if this claim relates to a                |   | ırchase Money    | Security              |             |             |
| community debt                                    |   |                  | <del>-</del>          |             |             |
| Date debt was incurred                            | Last 4 digits of account number                   |                  |                       |             |             |
|   |   | _                | <del></del>           |             |             |
| 2.3 Capital One Auto Finance                      | Describe the property that secures the            | claim:           | \$23,937.00           | \$23,740.00 | \$197.00    |
| Creditor's Name                                   | 2014 Jeep Wrangler                                | Ciaiii.          | <del>φ23,937.00</del> | φ23,740.00  | φ197.00     |
|   | 2014 Jeep Wanglei                                 |                  |                       |             |             |
| Attn: Bankruptcy                                  |   |                  |                       |             |             |
| Po Box 30285                                      | As of the date you file, the claim is: Che apply. | ck all that      |                       |             |             |
| Salt Lake City, UT 84130                          | ☐ Contingent                                      |                  |                       |             |             |
| Number, Street, City, State & Zip Code            | ☐ Unliquidated                                    |                  |                       |             |             |
|   | ☐ Disputed  |                  |                       |             |             |
| Who owes the debt? Check one.                     | Nature of lien. Check all that apply.             |                  |                       |             |             |
| Debtor 1 only                                     | ☐ An agreement you made (such as mor              | tgage or secured |                       |             |             |
| Debtor 2 only                                     | car loan)   |                  |                       |             |             |
| ☐ Debtor 1 and Debtor 2 only                      | ☐ Statutory lien (such as tax lien, mechai        | nic's lien)      |                       |             |             |
| ☐ At least one of the debtors and another         | ☐ Judgment lien from a lawsuit                    |                  |                       |             |             |
| ☐ Check if this claim relates to a                | ■ Other (including a right to offset) Pu          | ırchase Money    | Security              |             |             |
| community debt                                    | _   |                  |                       |             |             |
| Opened  |   |                  |                       |             |             |
| 02/17 Last  |   |                  |                       |             |             |
| Date debt was incurred Active 01/20               | Last 4 digits of account number                   | 1001             |                       |             |             |
|   |   |                  |                       |             |             |
| 2.4 Sheffield Financial                           | Describe the property that secures the            | claim:           | \$9,183.70            | \$5,000.00  | \$4,183.70  |
| Creditor's Name                                   | 2014 Arctic Cat Snowmobile M                      | 9000             | _                     |             |             |
|   |   |                  |                       |             |             |
|   | As of the date you file, the claim is: Che        | ck all that      |                       |             |             |
| PO Box 1847                                       | apply.  | on all that      |                       |             |             |
| Wilson, NC 27894                                  | Contingent  |                  |                       |             |             |
| Number, Street, City, State & Zip Code            | Unliquidated                                      |                  |                       |             |             |
| Who owes the debt? Check one.                     | Disputed  |                  |                       |             |             |
| _   | Nature of lien. Check all that apply.             |                  |                       |             |             |
| Debtor 1 only                                     | An agreement you made (such as mor car loan)      | tgage or secured |                       |             |             |
| Debtor 2 only                                     | <u> </u>  |                  |                       |             |             |
| Debtor 1 and Debtor 2 only                        | Statutory lien (such as tax lien, mechai          | nic's lien)      |                       |             |             |
| At least one of the debtors and another           | Judgment lien from a lawsuit                      | urahaaa Maw      | Coourite              |             |             |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset)               | ırchase Money    | Security              |             |             |
| community door                                    |   |                  |                       |             |             |
| Date debt was incurred                            | Last 4 digits of account number                   |                  |                       |             |             |
|   |   |                  |                       |             |             |
|   |   |                  |                       |             |             |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$128,957.36

| Debto            | or 1 Joey Jason  | Weinkauf  |                                       | Case number (if known)   | 20-40491  |
|------------------|--|---|---------------------------------------|--|---|
|                  | First Name   | Middle Name   | Last Name                             |  |   |
| Writ             | e that number here:  | your form, add the dollar va<br>Be Notified for a Debt Th |                                       | \$128,957  | 7.36  |
| trying<br>than o | to collect from you fo<br>one creditor for any o                             | or a debt you owe to some                                 | one else, list the creditor in Part 1 | I, and then list the collection age                                  | For example, if a collection agency is ency here. Similarly, if you have more tional persons to be notified for any |
|                  | Name, Number, Stree<br>AmeriCredit/GN<br>Po Box 181145<br>Arlington, TX 76   |   |                                       | On which line in Part 1 did you ent  Last 4 digits of account number | <del></del>   |
|                  | Name, Number, Stree<br>Capital One Aut<br>Credit Bureau D<br>Plano, TX 75025 | Dispute   |                                       | On which line in Part 1 did you ent Last 4 digits of account number  | <del></del>   |

| Fill                 | in this informa                         | tion to identify your c   | ase:                                      |  |   |  |                                  |
|----------------------|---|---|---|--|---|--|----------------------------------|
| Deb                  | otor 1                                  | Joey Jason Weink  | auf                                       |  |   |  |                                  |
|                      |   | First Name  | Middle Name                               | Last Name  |   |  |                                  |
|                      | otor 2<br>ouse if, filing)              | First Name  | Middle Name                               | Last Name  |   |  |                                  |
|                      |   |   |   |  |   |  |                                  |
| Uni                  | ted States Bank                         | ruptcy Court for the:   | WESTERN DIST                              | RICT OF WASHINGTON   |   |  |                                  |
| Cas                  | se number 20                            | -40491  |   |  |   |  |                                  |
| (if kn               | iown)                                   |   |   |  |   |  | if this is an                    |
|                      |   |   |   |  |   | amend  | led filing                       |
| Off                  | icial Form                              | 106E/F  |   |  |   |  |                                  |
|                      |   |   | no Have Un                                | secured Claims   |   |  | 12/15                            |
|                      |   |   |   | with PRIORITY claims and Part  | 2 for creditors with NON                                    | PRIORITY claims. Li                          | st the other party to            |
| Sche<br>Sche<br>eft. | edule G: Executor<br>edule D: Creditors | ry Contracts and Unexpir<br>s Who Have Claims Secu<br>nuation Page to this page | ed Leases (Official red by Property. If   | a claim. Also list executory cont<br>Form 106G). Do not include any<br>more space is needed, copy the l<br>ormation to report in a Part, do n      | creditors with partially s<br>Part you need, fill it out, i | ecured claims that a<br>number the entries i | are listed in n the boxes on the |
| Par                  | t 1: List All o                         | of Your PRIORITY Uns  | secured Claims                            |  |   |  |                                  |
| 1.                   | Do any creditors                        | have priority unsecured   | claims against you                        | 1?   |   |  |                                  |
|                      | ☐ No. Go to Part                        | t 2.  |   |  |   |  |                                  |
|                      | Yes.                                    |   |   |  |   |  |                                  |
| 2.                   | identify what type possible, list the o | of claim it is. If a claim has  | both priority and no according to the cre | re than one priority unsecured clain<br>npriority amounts, list that claim he<br>ditor's name. If you have more than<br>other creditors in Part 3. | re and show both priority a                                 | nd nonpriority amoun                         | ts. As much as                   |
|                      | (For an explanation                     | on of each type of claim, se  | e the instructions for                    | this form in the instruction booklet   | .) Total claim  | Priority amount                              | Nonpriority amount               |
| 2.1                  | INTERNA                                 | L REVENUE SERVI   | CE Last 4 o                               | digits of account number   | \$45,000.00   | \$45,000.00                                  | \$0.00                           |
|                      | Priority Credi                          | itor's Name<br>LIZED INSOLVENC  | / When w                                  | vas the debt incurred?   |   |  |                                  |
|                      | OPERTA                                  |   | wiich v                                   |  |   |  |                                  |
|                      | PO BOX 7                                |   |   |  |   |  |                                  |
|                      | Philadelp                               | hia, PA 19101-7346<br>et City State Zip Code                                    |   | an data you file the alaim in Cha  | alcall that apply   |  |                                  |
|                      |   | he debt? Check one.   | □ Con                                     | ne date you file, the claim is: Che  | ск ан тпат арру   |  |                                  |
|                      | ■ Debtor 1 only                         | M.  |   |  |   |  |                                  |
|                      | Debtor 2 only                           | •   |   | quidated   |   |  |                                  |
|                      |   |   | ☐ Disp                                    |  |   |  |                                  |
|                      | Debtor 1 and                            |   |   | PRIORITY unsecured claim:  |   |  |                                  |
|                      |   | of the debtors and another  |   | nestic support obligations   |   |  |                                  |
|                      |   | s claim is for a communi  |   | es and certain other debts you owe   | · ·   |  |                                  |
|                      | Is the claim sub                        | bject to offset?  | ☐ Clai                                    | ms for death or personal injury while  | e you were intoxicated                                      |  |                                  |
|                      | ■ No                                    |   | ☐ Othe                                    | er. Specify  |   |  |                                  |
|                      | ☐ Yes                                   |   |   | Income taxes   |   |  |                                  |
|                      |   |   |   |  |   |  |                                  |
| Par                  | t 2: List All o                         | of Your NONPRIORITY   | Unsecured Clai                            | ms   |   |  |                                  |
| 3.                   | Do any creditors                        | have nonpriority unsecu   | ıred claims against                       | you?   |   |  |                                  |
|                      | ☐ No. You have                          | nothing to report in this pa  | rt. Submit this form t                    | o the court with your other schedule   | es.   |  |                                  |
|                      | Yes.                                    |   |   |  |   |  |                                  |
| 4.                   | unsecured claim,                        | list the creditor separately  | for each claim. For e                     | ical order of the creditor who hole<br>each claim listed, identify what type<br>in Part 3.If you have more than thre                               | of claim it is. Do not list cla                             | ims already included                         | in Part 1. If more               |

Total claim

| Debtor | 1 Joey Jason Weinkauf  |   | Case number (if known) 20-40491              |            |  |
|--------|--|---|--|------------|--|
| 4.1    | Acceptance Now Nonpriority Creditor's Name                           | Last 4 digits of account number                               | 5812   | \$1,875.00 |  |
|        | Attn: Bankruptcy<br>5501 Headquarters Drive<br>Plano, TX 75024       | When was the debt incurred?                                   | Opened 09/16 Last Active 02/18               | _          |  |
|        | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                            | s: Check all that apply                      |            |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |  |            |  |
|        | Debtor 2 only  | ☐ Unliquidated  |  |            |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |  |
|        | lacksquare At least one of the debtors and another                   | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |  |
|        | Check if this claim is for a community                               | Student loans   |  |            |  |
|        | debt Is the claim subject to offset?                                 | Obligations arising out of a separe report as priority claims | ration agreement or divorce that you did not | :          |  |
|        | ■ No   | Debts to pension or profit-sharing                            | g plans, and other similar debts             |            |  |
|        | Yes  | ■ Other Specify Rental Agre                                   | eement                                       | _          |  |
| 4.2    | Affirm, Inc.   | Last 4 digits of account number                               | 143L   | \$1,077.00 |  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy                         |   | Opened 03/17 Last Active                     |            |  |
|        | Po Box 720   | When was the debt incurred?                                   | 12/23/17                                     |            |  |
| ē      | San Francisco, CA 94104  Number Street City State Zip Code           | As of the data you file the claim                             | On Oh and all that are the                   | _          |  |
|        | Who incurred the debt? Check one.                                    | As of the date you file, the claim                            | s: Спеск аш tnat apply                       |            |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |  |            |  |
|        | Debtor 2 only  | ☐ Unliquidated  |  |            |  |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |  |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                  | d claim:                                     |            |  |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   |  |            |  |
|        | debt   |   | ration agreement or divorce that you did not | ſ          |  |
|        | Is the claim subject to offset?                                      | report as priority claims                                     |  |            |  |
|        | ■ No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |  |
|        | Yes  | Other. Specify Unsecured                                      |  | _          |  |
| 4.3    | Alaska USA Federal Credit Union Nonpriority Creditor's Name          | Last 4 digits of account number                               | 0005   | \$0.00     |  |
|        | Attn: Bankruptcy Po Box 196613                                       | When was the debt incurred?                                   | Opened 09/14 Last Active 05/16               |            |  |
|        | Anchorage, AK 99519  |   |  | _          |  |
|        | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                            | s: Check all that apply                      |            |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |  |            |  |
|        | Debtor 2 only  | ☐ Unliquidated  |  |            |  |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |  |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |  |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   | <u></u>                                      |            |  |
|        | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims    | ration agreement or divorce that you did not | :          |  |
|        | ■ No   | Debts to pension or profit-sharing                            | g plans, and other similar debts             |            |  |
|        | ☐ Yes  | ■ Other. Specify Automobile                                   | •  |            |  |
|        |  |   |  | _          |  |

| Debtor | 1 Joey Jason Weinkauf                                    | Case number (if known) 20-40491  |             |
|--------|--|--|-------------|
| 4.4    | Amazon Capital Services Nonpriority Creditor's Name      | Last 4 digits of account number  | \$0.00      |
|        | PO Box 035184 Seattle, WA 98124                          | When was the debt incurred?  |             |
|        | Number Street City State Zip Code                        | As of the date you file, the claim is: Check all that apply  |             |
|        | Who incurred the debt? Check one.                        |  |             |
|        | Debtor 1 only  | Contingent   |             |
|        | Debtor 2 only  | ☐ Unliquidated   |             |
|        | Debtor 1 and Debtor 2 only                               | Disputed   |             |
|        | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:   |             |
|        | ☐ Check if this claim is for a community debt            | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not          |             |
|        | Is the claim subject to offset?                          | report as priority claims  |             |
|        | No   | Debts to pension or profit-sharing plans, and other similar debts  |             |
|        | Yes  | Other. Specify   |             |
| 4.5    | BB&T   | Last 4 digits of account number  | \$9,183.00  |
|        | Nonpriority Creditor's Name PO Box 1847 Wilson, NC 27894 | When was the debt incurred?  |             |
|        | Number Street City State Zip Code                        | As of the date you file, the claim is: Check all that apply  |             |
|        | Who incurred the debt? Check one.                        |  |             |
|        | ■ Debtor 1 only  | ☐ Contingent   |             |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |             |
|        | ☐ Debtor 1 and Debtor 2 only                             | ☐ Disputed   |             |
|        | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:   |             |
|        | ☐ Check if this claim is for a community                 | Student loans  |             |
|        | debt Is the claim subject to offset?                     | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |             |
|        | Yes  | Other. Specify   |             |
| 4.6    | BECU   | Last 4 digits of account number  | \$11,570.00 |
|        | Nonpriority Creditor's Name  Mail Stop 1112-2            | When was the debt incurred?  |             |
|        | PO Box 97050   |  |             |
|        | Seattle, WA 98124  Number Street City State Zip Code     | As of the date you file, the claim is: Check all that apply  |             |
|        | Who incurred the debt? Check one.                        | ,  |             |
|        | ■ Debtor 1 only  | ☐ Contingent   |             |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |             |
|        | ☐ Debtor 1 and Debtor 2 only                             | ☐ Disputed   |             |
|        | $\square$ At least one of the debtors and another        | Type of NONPRIORITY unsecured claim:   |             |
|        | ☐ Check if this claim is for a community                 | Student loans  |             |
|        | debt Is the claim subject to offset?                     | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |             |
|        |  |  |             |
|        | Yes  | Other. Specify   |             |

| Debtor | 1 Joey Jason Weinkauf  |   | Case number (if known)        | 20-40491         |            |
|--------|--|---|-------------------------------|------------------|------------|
| 4.7    | BMW Financial Services   | Last 4 digits of account number   |                               | _                | \$0.00     |
|        | Nonpriority Creditor's Name PO Box 3608  | When was the debt incurred?   |                               |                  |            |
|        | Dublin, OH 43016  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim  | s: Check all that apply       |                  |            |
|        | ■ Debtor 1 only  | ☐ Contingent  |                               |                  |            |
|        | Debtor 2 only  | ☐ Unliquidated  |                               |                  |            |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed  |                               |                  |            |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:                      |                  |            |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |                               |                  |            |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims                                    | ration agreement or divorce   | that you did not |            |
|        | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar de | ebts             |            |
|        | Yes  | Other. Specify  |                               |                  |            |
| 4.8    | Byram Healthcare   | Last 4 digits of account number   |                               | _                | \$1,077.00 |
|        | Nonpriority Creditor's Name<br>120 Bloomingdale Rd, Ste 301<br>White Plains, NY 10605  | Rd, Ste 301 When was the debt incurred?   |                               |                  |            |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.                   | As of the date you file, the claim is: Check all that apply                                     |                               |                  |            |
|        | Debtor 1 only  | ☐ Contingent  |                               |                  |            |
|        | ☐ Debtor 2 only  |   |                               |                  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Unliquidated☐ Disputed  |                               |                  |            |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   |                               |                  |            |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |                               |                  |            |
|        | debt   | Obligations arising out of a sepa   |                               |                  |            |
|        | Is the claim subject to offset?  | report as priority claims   |                               |                  |            |
|        | No   | Debts to pension or profit-sharing plans, and other similar debts                               |                               |                  |            |
|        | Yes  | Other. Specify  |                               |                  |            |
| 4.9    | Capital One  | Last 4 digits of account number   | 7963                          | _                | \$2,257.00 |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285                              | When was the debt incurred?   | Opened 11/15 Last 01/20       | Active           |            |
|        | Number Street City State Zip Code  | As of the date you file, the claim  |                               |                  |            |
|        | Who incurred the debt? Check one.  | ☐ Contingent  |                               |                  |            |
|        | Debtor 1 only  |   |                               |                  |            |
|        | Debtor 2 only  |   |                               |                  |            |
|        | Debtor 1 and Debtor 2 only   |   |                               |                  |            |
|        | At least one of the debtors and another  | Type of NONPRIORITY unsecured  ☐ Student loans  | a Giallil.                    |                  |            |
|        | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not |                               |                  |            |
|        | Is the claim subject to offset?  | report as priority claims   |                               |                  |            |
|        | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar de | ebts             |            |
|        | Yes  | ■ Other. Specify Credit Card  | I                             |                  |            |
|        |  |   |                               |                  |            |

| Debto    | or 1 Joey Jason Weinkauf   |  | Case number (if known) 20-40491              |   |
|----------|--|--|--|---|
| 4.1<br>0 | Capital One Checking   | Last 4 digits of account number                              |  | \$250.00                                |
|          | Nonpriority Creditor's Name PO Box 60599   | When was the debt incurred?                                  |  |   |
|          | City of Industry, CA 91716  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                         | s: Check all that apply                      |   |
|          | Debtor 1 only  | ☐ Contingent   |  |   |
|          | Debtor 2 only  | ☐ Unliquidated   |  |   |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |   |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |   |
|          | Check if this claim is for a community   | ☐ Student loans  |  |   |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |   |
|          | ■ No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |   |
|          | Yes  |  | g plants, and other cirimal dobte            |   |
| 4.1      | Citibank/Shell Oil   | Last 4 digits of account number                              | 0160   | \$963.00                                |
|          | Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Bk dept Po Box 790034               | When was the debt incurred?                                  | Opened 07/16 Last Active 01/20               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|          | St Louis, MO 63179  Number Street City State Zip Code  Who incurred the debt? Check one.         | As of the date you file, the claim                           | s: Check all that apply                      |   |
|          | Debtor 1 only  | ☐ Contingent   |  |   |
|          | Debtor 2 only  | ☐ Unliquidated   |  |   |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |   |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |   |
|          | ☐ Check if this claim is for a community debt  |  | ration agreement or divorce that you did not |   |
|          | Is the claim subject to offset?  | report as priority claims                                    |  |   |
|          | No   | ☐ Debts to pension or profit-sharin                          |  |   |
|          | Yes  | Other. Specify Credit Card                                   | <u> </u>                                     |   |
| 4.1      | Denali/Division of Nuvision Credit Union Nonpriority Creditor's Name                             | Last 4 digits of account number                              | 5100   | \$0.00                                  |
|          | Attn: Bankruptcy 440 E 36th St Anchorage, AK 99503   | When was the debt incurred?                                  | Opened 07/15 Last Active 03/17               |   |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                              | As of the date you file, the claim                           | s: Check all that apply                      |   |
|          | Debtor 1 only  | ☐ Contingent   |  |   |
|          | Debtor 2 only  | ☐ Unliquidated   |  |   |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |   |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |   |
|          | ☐ Check if this claim is for a community debt  |  | ration agreement or divorce that you did not |   |
|          | Is the claim subject to offset?  | report as priority claims                                    | a plane, and other similar debts             |   |
|          | ■ No   | Debts to pension or profit-sharin                            |  |   |
|          | ☐ Yes  | Other. Specify Automobile                                    | <b>)</b>                                     |   |

| Debt     | or 1 Joey Jason Weinkauf   |   | Case number (if known)           | 20-40491      |            |
|----------|--|---|----------------------------------|---------------|------------|
| 4.1<br>3 | DEPARTMENT OF LABOR & INDUSTRI   | Last 4 digits of account number   |                                  |               | \$0.00     |
|          | Nonpriority Creditor's Name 3RD FLOOR LEGAL DEPT PO BOX 44170                                | When was the debt incurred?   |                                  |               |            |
|          | OLYMPIA, WA 98504-4170   |   |                                  |               |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                         | As of the date you file, the claim  | is: Check all that apply         |               |            |
|          | ■ Debtor 1 only  | Continued.  |                                  |               |            |
|          | ☐ Debtor 2 only  | ☐ Contingent  |                                  |               |            |
|          | <u> </u>   | ☐ Unliquidated☐ Disputed  |                                  |               |            |
|          | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                       | Type of NONPRIORITY unsecure  | d claim:                         |               |            |
|          | _  | ☐ Student loans   | a oldiiii                        |               |            |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset?               | ☐ Obligations arising out of a sepa   | ration agreement or divorce tha  | t you did not |            |
|          | ■ No   | Debts to pension or profit-sharing  | a plans, and other similar debts |               |            |
|          | ☐ Yes  | Other. Specify  |                                  |               |            |
| 4.1      |  |   |                                  |               |            |
| 4.1      | DEPARTMENT OF REVENUE  | Last 4 digits of account number   |                                  |               | \$0.00     |
|          | Nonpriority Creditor's Name ATTN: BANKRUPTCY UNIT 2101 4TH AVE #1400                         | When was the debt incurred?   |                                  |               |            |
|          | SEATTLE, WA 98121-2317  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |                                  |               |            |
|          | Debtor 1 only  | ☐ Contingent  |                                  |               |            |
|          | Debtor 2 only  | ☐ Unliquidated  |                                  |               |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                  |               |            |
|          | lacksquare At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                         |               |            |
|          | Check if this claim is for a community   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts |                                  |               |            |
|          | debt Is the claim subject to offset?   |   |                                  |               |            |
|          | No   |   |                                  |               |            |
|          | ☐ Yes  | _   |                                  |               |            |
|          | Li Tes   | Other. Specify  |                                  |               |            |
| 4.1<br>5 | Diversified Consultants, Inc.  | Last 4 digits of account number   | 6330                             |               | \$2,438.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 679543 Dallas, TX 75267                  | When was the debt incurred?   | Opened 09/19 Last A              | ctive         |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                         | As of the date you file, the claim  | is: Check all that apply         |               |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |                                  |               |            |
|          | □ Debtor 2 only  | ☐ Unliquidated  |                                  |               |            |
|          | Debtor 1 and Debtor 2 only   | _ '   |                                  |               |            |
|          | ☐ At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORITY unsecured claim:  ☐ Student loans   |                                  |               |            |
|          | ☐ Check if this claim is for a community   |   |                                  |               |            |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims  | ration agreement or divorce tha  | t you did not |            |
|          | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts |               |            |
|          | Yes  | ■ Other. Specify Collection   | Attorney Tmobile                 |               |            |
|          |  | = Other. Openiny  |                                  |               |            |

| or 1 Joey Jason Weinkauf   | Case number (if known) 20-40491   |          |
|--|---|----------|
| Employment Security Department   | Last 4 digits of account number   | \$0.00   |
| Nonpriority Creditor's Name UI Tax Admin PO Box 9046   | When was the debt incurred?   | ,,,,,,   |
| Olympia, WA 98507-9046  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |          |
| Debtor 1 only  | ☐ Contingent  |          |
| Debtor 2 only  | ☐ Unliquidated  |          |
| Debtor 1 and Debtor 2 only   | Disputed  |          |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community   | ☐ Student loans   |          |
| debt Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
| ☐ Yes  | Other. Specify  |          |
| Enhanced Recovery  | Last 4 digits of account number   | \$658.00 |
| Nonpriority Creditor's Name PO Box 57547   | When was the debt incurred?   |          |
| Jacksonville, FL 32241-7547  Number Street City State Zip Code                               | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.  | As of the date you me, the claim is. Oneck all that apply   |          |
| ■ Debtor 1 only  | ☐ Contingent  |          |
| Debtor 2 only  | ☐ Unliquidated  |          |
| ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |          |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community   | ☐ Student loans   |          |
| debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims           |          |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
| ☐ Yes  | Other. Specify  |          |
| Evergreen/Freedom Rd   | Last 4 digits of account number   | \$0.00   |
| Nonpriority Creditor's Name  |   | Ψ0.00    |
| 10509 Professional Circle<br>Ste. 202  | When was the debt incurred?   |          |
| WA 98521  Number Street City State Zip Code  Who incurred the debt? Check one.               | As of the date you file, the claim is: Check all that apply   |          |
| Debtor 1 only  | ☐ Contingent  |          |
| ☐ Debtor 2 only  | ☐ Unliquidated  |          |
| Debtor 1 and Debtor 2 only   | □ Disputed  |          |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community   | ☐ Student loans   |          |
| debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                                   |          |
| Is the claim subject to offset?  | report as priority claims   |          |
| No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |          |
| Yes  | Other. Specify  |          |

| Debto    | r 1 Joey Jason Weinkauf  |  | Case number (if known) 20-40491              |            |
|----------|--|--|--|------------|
| 4.1<br>9 | Freedom Road Financial   | Last 4 digits of account number                              | 6261   | \$6,246.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 4597 Oak Brook, IL 60522       | When was the debt incurred?                                  | Opened 12/15 Last Active 12/21/17            | _          |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                | As of the date you file, the claim                           | s: Check all that apply                      |            |
|          | Debtor 1 only  | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |  |            |
|          | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|          | Yes  | Other. Specify Recreation                                    | al   | _          |
| 4.2      | Hendrikus & Cathy Wagemans   | Last 4 digits of account number                              |  | \$0.00     |
| <u> </u> | Nonpriority Creditor's Name  | _  |  |            |
|          | c/o Templeton Horton Weibel<br>3212 NW Bryon St, Ste 101<br>Silverdale, WA 98383   | When was the debt incurred?                                  |  | _          |
|          | Number Street City State Zip Code  | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|          | Who incurred the debt? Check one.  | •  |  |            |
|          | Debtor 1 only  | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |  |            |
|          | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|          | Yes  | Other. Specify   |  | _          |
| 4.2      | Iron Horse F&T   | Last 4 digits of account number                              |  | \$1.00     |
|          | Nonpriority Creditor's Name  Gabe Tacker  18215 9th Street Ste 111                 | When was the debt incurred?                                  |  | _          |
|          | Lake Tapps, WA 98391   |  |  |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.               | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|          | Debtor 1 only  | Пол  |  |            |
|          | Debtor 2 only  | ☐ Contingent☐ Unliquidated                                   |  |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|          | At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|          | ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?   | _  | ration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|          | ☐ Yes  | Other. Specify   |  | _          |

| or 1 Joey Jason Weinkauf   |   | Case number (if known) 20-40491              |            |
|--|---|--|------------|
| Kubota Credit Corp   | Last 4 digits of account number                               | 4864   | \$9,017.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 2046 Grapevine, TX 76099             | When was the debt incurred?                                   | Opened 6/10/16 Last Active 5/22/19           |            |
| Number Street City State Zip Code Who incurred the debt? Check one.                      | As of the date you file, the claim                            | s: Check all that apply                      |            |
| Debtor 1 only  | ☐ Contingent  |  |            |
| Debtor 2 only  | ☐ Unliquidated  |  |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |
| ☐ Check if this claim is for a community debt  |   | ration agreement or divorce that you did not |            |
| Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharing | a plane, and other similar debts             |            |
| ■ No □ Yes   |   | g plans, and other similar debts             |            |
| Long Enterprises   | Last 4 digits of account number                               |  | \$2,220.64 |
| Nonpriority Creditor's Name 1621 114th Ave SE Ste. 205                                   | When was the debt incurred?                                   |  |            |
| Bellevue, WA 98004  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                            | s: Check all that apply                      |            |
| Debtor 1 only  | ☐ Contingent  |  |            |
| Debtor 2 only  | ☐ Unliquidated  |  |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
| At least one of the debtors and another  | Type of NONPRIORITY unsecure                                  | d claim:                                     |            |
| ☐ Check if this claim is for a community debt  | ☐ Student loans   | ration agreement or divorce that you did not |            |
| Is the claim subject to offset?  | report as priority claims                                     | ration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharing                            | g plans, and other similar debts             |            |
| Yes  | Other. Specify  |  |            |
| MCCARTHY, BURGESS & WOLFF  | Last 4 digits of account number                               |  | \$7,767.00 |
| Nonpriority Creditor's Name 26000 CANNON ROAD Bedford, OH 44146                          | When was the debt incurred?                                   |  |            |
| Number Street City State Zip Code Who incurred the debt? Check one.                      | As of the date you file, the claim                            | s: Check all that apply                      |            |
| ■ Debtor 1 only  | ☐ Contingent  |  |            |
| ☐ Debtor 2 only  | ☐ Unliquidated  |  |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
| $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                  | d claim:                                     |            |
| Check if this claim is for a community   | Student loans   |  |            |
| debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims    | ration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharing                            | g plans, and other similar debts             |            |
| -  | •   |  |            |

|            | Case number (if known) 20-40491              |  | 1 Joey Jason Weinkauf  |  |  |
|------------|--|--|--|--|--|
| \$795.00   | 7136   | Last 4 digits of account number                                | Moneytree  |  |  |
|            |  | When was the debt incurred?                                    | Nonpriority Creditor's Name PO Box 58266                             |  |  |
|            | s: Check all that apply                      | As of the date you file, the claim is                          | Seattle, WA 98188  Number Street City State Zip Code                 |  |  |
|            |  | •  | Who incurred the debt? Check one.                                    |  |  |
|            |  | ☐ Contingent   | Debtor 1 only  |  |  |
|            |  | ☐ Unliquidated   | Debtor 2 only  |  |  |
|            |  | ☐ Disputed   | ☐ Debtor 1 and Debtor 2 only   |  |  |
|            | claim:                                       | ther Type of NONPRIORITY unsecured                             | ☐ At least one of the debtors and another                            |  |  |
|            |  | nunity   | ☐ Check if this claim is for a community                             |  |  |
|            | ration agreement or divorce that you did not | Obligations arising out of a separ report as priority claims   | debt Is the claim subject to offset?                                 |  |  |
|            | g plans, and other similar debts             | ☐ Debts to pension or profit-sharing                           | No   |  |  |
|            |  | Other. Specify   | Yes  |  |  |
| \$6,500.00 |  | Last 4 digits of account number                                | Nissan Motor Credit  |  |  |
|            |  | When was the debt incurred?                                    | Nonpriority Creditor's Name PO BOx 740849 Cincinnati, OH 45274       |  |  |
|            | s: Check all that apply                      | As of the date you file, the claim is                          | Number Street City State Zip Code  Who incurred the debt? Check one. |  |  |
|            |  | ☐ Contingent   | ■ Debtor 1 only  |  |  |
|            |  | ☐ Unliquidated   | ☐ Debtor 2 only  |  |  |
|            |  | ☐ Disputed   | ☐ Debtor 1 and Debtor 2 only   |  |  |
|            | claim:                                       | ther Type of NONPRIORITY unsecured                             | ☐ At least one of the debtors and another                            |  |  |
|            |  | nunity Student loans   | ☐ Check if this claim is for a community                             |  |  |
|            | ration agreement or divorce that you did not | ☐ Obligations arising out of a separ report as priority claims | debt Is the claim subject to offset?                                 |  |  |
|            | n plans, and other similar debts             | ☐ Debts to pension or profit-sharing                           | No   |  |  |
|            | g plane, and only online doste               |  | □ Yes  |  |  |
| <b>***</b> | 4004   |  | No. Boofeen d Fee  |  |  |
| \$0.00     | 4004   | Last 4 digits of account number                                | Nw Preferred Fcu  Nonpriority Creditor's Name                        |  |  |
|            | Opened 03/14 Last Active 7/10/14             | When was the debt incurred?                                    | 8950 Sw Burnham St<br>Tigard, OR 97223                               |  |  |
|            | s: Check all that apply                      | As of the date you file, the claim is                          | Number Street City State Zip Code Who incurred the debt? Check one.  |  |  |
|            |  | ☐ Contingent   | Debtor 1 only  |  |  |
|            |  | ☐ Unliquidated   | Debtor 2 only  |  |  |
|            |  | ☐ Disputed   | ☐ Debtor 1 and Debtor 2 only   |  |  |
|            | claim:                                       | <u> </u>   | ☐ At least one of the debtors and another                            |  |  |
|            |  | ☐ Check if this claim is for a community ☐ Student loans       |  |  |  |
|            | ration agreement or divorce that you did not | report as priority claims                                      | debt Is the claim subject to offset?                                 |  |  |
|            | g plans, and other similar debts             | Debts to pension or profit-sharing                             | ■ No   |  |  |
|            |  | Other Specify  | Yes  |  |  |

| 1 Joey Jason Weinkauf  | Case number (if known) 20-40491   |   |  |  |  |  |
|--|---|---|--|--|--|--|
| Pierce County Assessor/Treasur   | Last 4 digits of account number 4391  | \$2,053.30                              |  |  |  |  |
| Nonpriority Creditor's Name<br>2401 South 35th St, Room 142<br>TACOMA, WA 98409          | When was the debt incurred?   |   |  |  |  |  |
| Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |   |  |  |  |  |
| Who incurred the debt? Check one.  | ncurred the debt? Check one.  |   |  |  |  |  |
| Debtor 1 only  | ☐ Contingent  |   |  |  |  |  |
| Debtor 2 only  | ☐ Unliquidated  |   |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |  |  |  |  |
| lacksquare At least one of the debtors and another                                       | Type of NONPRIORITY unsecured claim:  |   |  |  |  |  |
| ☐ Check if this claim is for a community   | Student loans   |   |  |  |  |  |
| debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |   |  |  |  |  |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |   |  |  |  |  |
| Yes  | Other. Specify Personal property  |   |  |  |  |  |
| Point Funding  | Last 4 digits of account number 3034  | \$20,000.00                             |  |  |  |  |
| Nonpriority Creditor's Name 701 Poydras St, Ste 4740                                     | When was the debt incurred?   |   |  |  |  |  |
| New Orleans, LA 70139  Number Street City State Zip Code                                 | As of the date you file, the claim is: Check all that apply   |   |  |  |  |  |
| Who incurred the debt? Check one.  |   |   |  |  |  |  |
| ■ Debtor 1 only  | ☐ Contingent  |   |  |  |  |  |
| Debtor 2 only  | Unliquidated  |   |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |   |  |  |  |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |   |  |  |  |  |
| ☐ Check if this claim is for a community   | ☐ Student loans   |   |  |  |  |  |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |  |  |  |  |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |   |  |  |  |  |
| Yes  | Other. Specify  |   |  |  |  |  |
| PSE  | Last 4 digits of account number 6177  | \$2,607.50                              |  |  |  |  |
| Nonpriority Creditor's Name<br>PO Box 91269  | When was the debt incurred?   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |  |  |
| Bellevue, WA 98009  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |   |  |  |  |  |
| ■ Debtor 1 only  | ☐ Contingent  |   |  |  |  |  |
| □ Debtor 2 only  | ☐ Unliquidated  |   |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |  |  |  |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |   |  |  |  |  |
| ☐ Check if this claim is for a community   | Student loans   |   |  |  |  |  |
| debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |   |  |  |  |  |
| Is the claim subject to offset?  | report as priority claims   |   |  |  |  |  |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |   |  |  |  |  |
| Yes  | Other. Specify  |   |  |  |  |  |

| Debtor | 1 Joey Jason Weinkauf  | Case number (if known) 20-40491   |            |
|--------|--|---|------------|
| 4.3    | PSE  | Last 4 digits of account number 5383  | \$2,423,90 |
| 1      | Nonpriority Creditor's Name  |   | Ψ2,423.30  |
|        | PO BOX 91269   | When was the debt incurred?   |            |
|        | Bellevue, WA 98009-9269  Number Street City State Zip Code           | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                                    |   |            |
|        | Debtor 1 only  | ☐ Contingent  |            |
|        | Debtor 2 only  | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |            |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|        | debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | Yes  | Other. Specify  |            |
| 4.3    | Richmond & Richmond  |   | \$1,500.00 |
| 2      | Nonpriority Creditor's Name  | Last 4 digits of account number   | Ψ1,300.00  |
|        | 1521 SE Plperberry Way<br>Ste. 135                                   | When was the debt incurred?   |            |
|        | Port Orchard, WA 98366   | _   |            |
|        | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|        | ■ Debtor 1 only  | ☐ Contingent  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|        | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|        | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|        | Yes  | Other. Specify  |            |
| 4.3    | Security Credit Services   | Last 4 digits of account number 3869  | \$2,070.00 |
|        | Nonpriority Creditor's Name  |   | ·          |
|        | Attn: Bankruptcy   | Opened 07/17 Last Active  |            |
|        | Po Box 1156<br>Oxford, MS 38655                                      | When was the debt incurred? 12/16   |            |
|        | Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                                    |   |            |
|        | ■ Debtor 1 only  | ☐ Contingent  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|        | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|        | debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |
|        | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | ☐ Yes  | ■ Other. Specify Collection Attorney Tempoe LIc   |            |
|        | LI TES   | Other. Specify Confection Attorney rempose Lic  |            |

|                   | Case number (if known) 20-40491              |   | 1 Joey Jason Weinkauf  |  |  |  |  |
|-------------------|--|---|--|--|--|--|--|
| \$285.00          |  | Last 4 digits of account number                             | Suntrust   |  |  |  |  |
| ·                 |  | When was the debt incurred?                                 | Nonpriority Creditor's Name PO Box 26150                                     |  |  |  |  |
|                   | s: Check all that apply                      | As of the date you file, the claim i                        | Richmond, VA 23260  Number Street City State Zip Code                        |  |  |  |  |
|                   |  |   | Who incurred the debt? Check one.  |  |  |  |  |
|                   |  | Debtor 1 only   |  |  |  |  |  |
|                   |  | Unliquidated  | Debtor 2 only  |  |  |  |  |
|                   |  | ☐ Disputed  | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another       |  |  |  |  |
|                   | d claim:                                     | Type of NONPRIORITY unsecured                               |  |  |  |  |  |
|                   |  | ☐ Student loans   | ☐ Check if this claim is for a community                                     |  |  |  |  |
|                   | ration agreement or divorce that you did not | debt Is the claim subject to offset?                        |  |  |  |  |  |
|                   | g plans, and other similar debts             | Debts to pension or profit-sharin                           | ■ No   |  |  |  |  |
|                   |  | Other. Specify  |  |  |  |  |  |
| \$0.00            | 0210   | Last 4 digits of appault number                             | Syncb/Phillips 66  |  |  |  |  |
| Ψ0.00             |  | Last 4 digits of account number                             | Nonpriority Creditor's Name  |  |  |  |  |
|                   | Opened 7/14/16 Last Active                   |   | Attn: Bankruptcy   |  |  |  |  |
|                   | 1/26/18                                      | When was the debt incurred?                                 | Po Box 965060  |  |  |  |  |
|                   | s: Chock all that apply                      | As of the date you file, the claim i                        | Orlando, FL 32896  Number Street City State Zip Code                         |  |  |  |  |
|                   | <b>5.</b> Спеск ан тат арргу                 | As of the date you me, the claim i                          | Who incurred the debt? Check one.  |  |  |  |  |
|                   |  | ☐ Contingent  | ■ Debtor 1 only  |  |  |  |  |
|                   |  | ☐ Unliquidated  | Debtor 2 only  |  |  |  |  |
|                   |  | ☐ Disputed  | Debtor 1 and Debtor 2 only   |  |  |  |  |
|                   | d claim:                                     | Type of NONPRIORITY unsecured                               | ☐ At least one of the debtors and another                                    |  |  |  |  |
|                   |  | ☐ Student loans   | ☐ Check if this claim is for a community                                     |  |  |  |  |
|                   | ration agreement or divorce that you did not | Obligations arising out of a sepa                           | debt Is the claim subject to offset?   |  |  |  |  |
|                   | g plans, and other similar debts             | Debts to pension or profit-sharin                           | ■ No   |  |  |  |  |
|                   | Other. Specify  Charge Account               |   |  |  |  |  |  |
| <b>\$4.400.00</b> | 0004   |   | The Cinematal Lie  |  |  |  |  |
| \$1,468.00        | <u>6924</u>                                  | Last 4 digits of account number                             | Tbf Financial Llc  Nonpriority Creditor's Name                               |  |  |  |  |
|                   | Opened 07/17                                 | When was the debt incurred?                                 | Attn: Bankruptcy Department 740 Waukegan Road, Suite 404 Deerfield, IL 60015 |  |  |  |  |
|                   | s: Check all that apply                      | As of the date you file, the claim i                        | Number Street City State Zip Code  Who incurred the debt? Check one.         |  |  |  |  |
|                   |  | ☐ Contingent  | Debtor 1 only  |  |  |  |  |
|                   |  | ☐ Unliquidated  | ☐ Debtor 2 only  |  |  |  |  |
|                   |  | ☐ Disputed  | ☐ Debtor 1 and Debtor 2 only   |  |  |  |  |
|                   | d claim:                                     | Type of NONPRIORITY unsecured                               | ☐ At least one of the debtors and another                                    |  |  |  |  |
|                   |  | ☐ Student loans   | ☐ Check if this claim is for a community                                     |  |  |  |  |
|                   | ration agreement or divorce that you did not | Obligations arising out of a sepa report as priority claims | debt Is the claim subject to offset?   |  |  |  |  |
|                   | a plane, and other similar debts             | Debts to pension or profit-sharin                           | ■ No   |  |  |  |  |
|                   | g pians, and other similar debts             | Debts to perision of profit shariff                         | ■ NO   |  |  |  |  |

| Debt     | or 1 <b>Joey Jason Weinkauf</b>  |  | Case number (if known) 20-40491               |            |
|----------|--|--|---|------------|
| 4.3      | Toyota Financial Services  | Last 4 digits of account number  | 0001  | \$0.00     |
| 7        | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 8026 Cedar Rapids, IA 52409 Number Street City State Zip Code | When was the debt incurred?  As of the date you file, the claim              | Opened 01/16 Last Active 7/14/16              | ψο:00      |
|          | Who incurred the debt? Check one.  |  |   |            |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |            |
|          | Debtor 2 only  | ☐ Unliquidated   |   |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:                                      |            |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?  | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharir  | g plans, and other similar debts              |            |
|          | Yes  |  |   |            |
| 4.3<br>8 | UNIVERSITY OF WA MEDICAL   | Last 4 digits of account number  |   | \$835.88   |
|          | Nonpriority Creditor's Name PO BOX 35162 Seattle, WA 98124-0366  | When was the debt incurred?  |   |            |
|          | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply                      |            |
|          | Debtor 1 only  | ☐ Contingent   |   |            |
|          | Debtor 2 only  | ☐ Unliquidated   |   |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:                                      |            |
|          | Check if this claim is for a community   | ☐ Student loans  |   |            |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims                   | ration agreement or divorce that you did not  |            |
|          | ■ No   | Debts to pension or profit-sharir  | g plans, and other similar debts              |            |
|          | □ Yes  |  |   |            |
|          | 163  | Other. Specify   |   |            |
| 4.3<br>9 | WSECU  | Last 4 digits of account number  | 0005  | \$3,061.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box Wsecu Olympia, WA 98507  | When was the debt incurred?  | Opened 11/14 Last Active 9/28/17              |            |
|          | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply                      |            |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |            |
|          | Debtor 2 only  | ☐ Unliquidated   |   |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:                                      |            |
|          | ☐ Check if this claim is for a community debt  |  | aration agreement or divorce that you did not |            |
|          | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharir                 | a plane, and other similar debts              |            |
|          | ■ No   |  |   |            |
|          | Yes  | ■ Other. Specify Credit Card   | I   |            |

| Debto                 | Joey Jason Weinkaut   |  | Case number (if known) 20-40491  |                        |
|-----------------------|---|--|--|------------------------|
| 4.4                   | WSECU   | Last 4 digits of account number  | 0101   | \$64,279.00            |
|                       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box Wsecu Olympia, WA 98507   | When was the debt incurred?  | Opened 08/17 Last Active 2/28/18   |                        |
|                       | Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply   |                        |
|                       | ■ Debtor 1 only   | ☐ Contingent   |  |                        |
|                       | Debtor 2 only   | ☐ Unliquidated   |  |                        |
|                       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |                        |
|                       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:   |                        |
|                       | ☐ Check if this claim is for a community  | ☐ Student loans  |  |                        |
|                       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not  |                        |
|                       | ■ No  | Debts to pension or profit-sharing   | ng plans, and other similar debts  |                        |
|                       | Yes   | Other. Specify Unsecured   |  |                        |
| 4.4                   | WSECU   | Last 4 digits of account number  | 0009   | \$72,727.00            |
|                       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box Wsecu Olympia, WA 98507   | When was the debt incurred?  | Opened 07/15 Last Active 9/22/17   |                        |
|                       | Number Street City State Zip Code Who incurred the debt? Check one.   | As of the date you file, the claim   | is: Check all that apply   |                        |
|                       | Debtor 1 only   | ☐ Contingent   |  |                        |
|                       | Debtor 2 only   | ☐ Unliquidated   |  |                        |
|                       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |                        |
|                       | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:   |                        |
|                       | ☐ Check if this claim is for a community  | ☐ Student loans  |  |                        |
|                       | debt Is the claim subject to offset?  | report as priority claims  | aration agreement or divorce that you did not  |                        |
|                       | ■ No  | Debts to pension or profit-sharing   | · ·  |                        |
|                       | Yes   | Other. Specify Unsecured   |  |                        |
| is tr<br>have<br>noti | this page only if you have others to be notified<br>ying to collect from you for a debt you owe to se<br>more than one creditor for any of the debts the<br>fied for any debts in Parts 1 or 2, do not fill out | about your bankruptcy, for a debt that someone else, list the original creditor in lat you listed in Parts 1 or 2, list the add or submit this page. | n Parts 1 or 2, then list the collection agency h<br>tional creditors here. If you do not have addit | ere. Similarly, if you |
|                       | and Address<br>eptance Now  | On which entry in Part 1 or Part 2 did you Line <b>4.1</b> of ( <i>Check one</i> ):  | l list the original creditor?<br>Part 1: Creditors with Priority Unsecured Claims                    | •                      |
|                       | Headquarters Drive  |  | Part 2: Creditors with Nonpriority Unsecured Cla   |                        |
| Plan                  | o, TX 75024   | Last 4 digits of account number  | - Furt 2. Ordanoro with Horipholity Chooded on   |                        |
|                       | and Address<br><b>m, Inc.</b>   | On which entry in Part 1 or Part 2 did you Line <b>4.2</b> of ( <i>Check one</i> ):  | _  |                        |
|                       | California St FI 12   |  | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |                        |
| San                   | Francisco, CA 94108   | Last 4 digits of account number  | Part 2. Creditors with Nonpholity Onsecured Cia  | airis                  |
|                       | and Address<br>ka USA Federal Credit Union  | On which entry in Part 1 or Part 2 did you   | _  |                        |
|                       | Box 196613  |  | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |                        |
|                       | norage, AK 99519  | Last 4 digits of account number  | - Fait 2: Creditors with Nonpriority Unsecured Cla   | anns                   |
| Name                  | and Address   | On which entry in Part 1 or Part 2 did you   | list the original creditor?  |                        |
|                       | tal One   |  | Part 1: Creditors with Priority Unsecured Claims   | <b>S</b>               |

| Debtor 1 Joey Jason Weinkauf   |   | Case number (if known)  | 20-40491                  |
|--|---|---|---------------------------|
| Po Box 30281<br>Salt Lake City, UT 84130   | Last 4 digits of account number   | ■ Part 2: Creditors with Nonp   | priority Unsecured Claims |
| Name and Address Citibank/Shell Oil Po Box 6497 Sioux Falls SD 57117                             | On which entry in Part 1 or Part 2 did y Line 4.11 of ( <i>Check one</i> ):   | you list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp | •                         |
| Sioux Falls, SD 57117  | Last 4 digits of account number   |   |                           |
| Name and Address Denali/Division of Nuvision Credit Union 440 E. 36th Avenue Anchorage, AK 99503 | On which entry in Part 1 or Part 2 did y Line 4.12 of (Check one):  | you list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp |                           |
| Alichorage, AK 99303   | Last 4 digits of account number   |   |                           |
| Name and Address DEPARTMENT OF REVENUE PO BOX 47464 Olympia, WA 98504-7464                       | On which entry in Part 1 or Part 2 did y Line 4.14 of (Check one):  | you list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp |                           |
| Name and Address Diversified Consultants, Inc. P O Box 551268 Jacksonville, FL 32255             | Consider the control of the control | you list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp |                           |
| Name and Address FARLEIGH WADA WITT 121 SW Morrison St, Ste 600 PORTLAND, OR 97204               | On which entry in Part 1 or Part 2 did y Line 4.40 of (Check one):  Last 4 digits of account number   | you list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp |                           |
| Name and Address FARLEIGH WADA WITT 121 SW MORRISON ST, STE 600 PORTLAND, OR 97204               | On which entry in Part 1 or Part 2 did y Line 4.41 of (Check one):  Last 4 digits of account number   | you list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp |                           |
| Name and Address Freedom Road Financial 3842 95th St W Evergreen Park, IL 60805                  | On which entry in Part 1 or Part 2 did y Line 4.19 of (Check one):  Last 4 digits of account number   | you list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp |                           |
| Name and Address Kabbage, Inc. 730 Peachtree Street NE Ste. 1100 Atlanta, GA 30308               | On which entry in Part 1 or Part 2 did y Line 4.36 of ( <i>Check one</i> ):  Last 4 digits of account number  | you list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp |                           |
| Name and Address<br>Kubota Credit Corp<br>Po Box 2046<br>Grapevine, TX 76099                     | On which entry in Part 1 or Part 2 did y Line 4.22 of (Check one):  Last 4 digits of account number   | you list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp |                           |
| Name and Address PHILLIPS 66 PO BOX 6402 Sioux Falls, SD 57117                                   | On which entry in Part 1 or Part 2 did y Line 4.35 of (Check one):  Last 4 digits of account number   | you list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp | •                         |
| Name and Address Security Credit Services 306 Enterprise Drive Oxford, MS 38655                  | On which entry in Part 1 or Part 2 did y Line 4.33 of ( <i>Check one</i> ):   | you list the original creditor?  Part 1: Creditors with Priori Part 2: Creditors with Nonp  |                           |

| Jebtor 1 Joey Jason Weinkaut  |  | Case number (if known) 20-40491  |
|---|--|--|
|   | Last 4 digits of account number  |  |
| Name and Address SHELL OIL PROCESSING CTR DES MOINES, IA 50367-0400   | On which entry in Part 1 or Part 2 di<br>Line <b>4.11</b> of ( <i>Check one)</i> :               | d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |
| ,   | Last 4 digits of account number  |  |
| Name and Address Syncb/Phillips 66 P.o Box 965004   | On which entry in Part 1 or Part 2 di Line 4.35 of (Check one):                                  | d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |
| Orlando, FL 32896   | Last 4 digits of account number  | — Fart 2. Greditors with Nonphority offsecured Glaims  |
| Name and Address<br>T-MOBILE<br>P.O. BOX 742596<br>CINCINNATI, OH 45274-2596  | On which entry in Part 1 or Part 2 di Line 4.15 of (Check one):  Last 4 digits of account number | d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |
|   | Last 4 digits of account number  |  |
| Name and Address Tbf Financial Llc  | On which entry in Part 1 or Part 2 di Line 4.36 of (Check one):                                  | ☐ Part 1: Creditors with Priority Unsecured Claims   |
| 740 Waukegan Road<br>Deerfield, IL 60015  | Last 4 digits of account number  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |
|   | <del>-</del>   |  |
| Name and Address Tempoe, LLC  | On which entry in Part 1 or Part 2 di Line <b>4.33</b> of ( <i>Check one</i> ):                  | d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  |
| 1750 Elm Street Ste. 1200   | Line 4.33 of (Check one).  | •  |
| Manchester, NH 03104  | Last 4 digits of account number  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |
| Name and Address<br>Toyota Financial Services<br>3006 Northup Way   | On which entry in Part 1 or Part 2 di Line 4.37 of (Check one):                                  | d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |
| Bellevue, WA 98004  | Last 4 digits of account number  |  |
| Name and Address WSECU Po Box Wsecu Olympia, WA 98507   | On which entry in Part 1 or Part 2 di<br>Line <u>4.39</u> of ( <i>Check one</i> ):               | d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |
| Clympia, WA 30307   | Last 4 digits of account number  |  |
| Name and Address WSECU Po Box Wsecu Olympia, WA 98507   | On which entry in Part 1 or Part 2 di<br>Line <b>4.40</b> of ( <i>Check one</i> ):               | d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |
|   | Last 4 digits of account number  |  |
| Name and Address WSECU  | On which entry in Part 1 or Part 2 di<br>Line <u><b>4.41</b></u> of ( <i>Check one</i> ):        | d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  |
| Po Box Wsecu  |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |
| Olympia, WA 98507   | Last 4 digits of account number  |  |
|   |  |  |
| Part 4: Add the Amounts for Each Type of .  6. Total the amounts of certain types of unsecured type of unsecured claim. |  | ical reporting purposes only. 28 U.S.C. §159. Add the amounts for each   |
| type of unsecured claiff.   |  | Total Claim  |
| 6a. Domestic support obligat  | tions  | 6a. \$   |

Total claims

6a. Domestic support obligations

6a. \$

0.00

Total claims

from Part 1

6b. Taxes and certain other debts you owe the government

6c. Claims for death or personal injury while you were intoxicated

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. \$

0.00

#### Debtor 1 Joey Jason Weinkauf

Total Nonpriority. Add lines 6f through 6i.

Total claims from Part 2

Case number (if known) 20-40491 Total Priority. Add lines 6a through 6d. 6e. 45,000.00 **Total Claim** 6f. Student loans 6f. 0.00 6g. Obligations arising out of a separation agreement or divorce that 0.00 you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts 6g. 6h. 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 237,205.22

6j.

237,205.22

Official Form 106 E/F

| Fill in this information to identify your case: |                 |                    |               |  |   |                                    |
|---|-----------------|--------------------|---------------|--|---|------------------------------------|
| Debtor 1  | Joey Jason Wein | kauf               |               |  |   |                                    |
|   | First Name      | Middle Name        | Last Name     |  |   |                                    |
| Debtor 2  |                 |                    |               |  |   |                                    |
| (Spouse if, filing)                             | First Name      | Middle Name        | Last Name     |  |   |                                    |
| United States Bankruptcy Court for the:         |                 | WESTERN DISTRICT O | OF WASHINGTON |  |   |                                    |
| Case number                                     | 20-40491        |                    |               |  |   |                                    |
| (if known)                                      | 20 10101        |                    |               |  | _ | Check if this is an amended filing |

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or   | company with | whom you have the<br>r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-------------|--------------|---|---------------------|---|
| 2.1 |             |              |   |                     |   |
|     | Name        |              |   |                     |   |
|     | Number      | Street       |   |                     |   |
|     | City        |              | State   | ZIP Code            | _                                       |
| 2.2 |             |              |   |                     | <u></u>                                 |
|     | Name        |              |   |                     |   |
|     | Number      | Street       |   |                     | <u> </u>                                |
|     | City        |              | State   | ZIP Code            | _                                       |
| 2.3 |             |              |   |                     |   |
|     | Name        |              |   |                     |   |
|     | Number      | Street       |   |                     |   |
|     | City        |              | State   | ZIP Code            | <del>_</del>                            |
| 2.4 | <del></del> |              |   |                     |   |
|     | Name        |              |   |                     | _                                       |
|     | Number      | Street       |   |                     | _                                       |
|     | City        |              | State   | ZIP Code            | _                                       |
| 2.5 | 2           |              | 0.0.0   | 2 0000              |   |
|     | Name        |              |   |                     | <del>_</del>                            |
|     | Number      | Street       |   |                     | <u> </u>                                |
|     | City        |              | State   | ZIP Code            | <u> </u>                                |

| Fill in this info                                     | ormation to identify your  | case:  |  |   |   |
|---|--|--|--|---|---|
| Debtor 1  | Joey Jason Wein  | kauf   |  |   |   |
| Dobtor 0  | First Name   | Middle Name  | Last Name  |   |   |
| Debtor 2<br>(Spouse if, filing)                       | First Name   | Middle Name  | Last Name  |   |   |
| United States I                                       | Bankruptcy Court for the:  | WESTERN DISTRICT OF  | WASHINGTON                                       |   |   |
| Case number<br>(if known)                             | 20-40491   |  |  |   | ☐ Check if this is an amended filing  |
|   | orm 106H<br>e H: Your Cod  | ebtors   |  |   | 12/15   |
| people are filir<br>ill it out, and r<br>our name and | ng together, both are equ<br>number the entries in the<br>I case number (if known) | ally responsible for supply<br>boxes on the left. Attach t<br>. Answer every question.   | ving correct informatio<br>he Additional Page to | n. If more space is ne<br>this page. On the top                 | e as possible. If two married<br>eded, copy the Additional Page,<br>of any Additional Pages, write          |
| 1. Do you   | have any codebtors? (If  | you are filing a joint case, do  | not list either spouse as                        | s a codebtor.   |   |
| □ No<br>■ Yes   |  |  |  |   |   |
| Arizona, C  | alifornia, Idaho, Louisiana,<br>to line 3.   | lived in a community prop<br>Nevada, New Mexico, Puer<br>use, or legal equivalent live v | to Rico, Texas, Washing                          |   | states and territories include  |
|   |  | 3  | ,  |   |   |
| □ <i>\</i>  |  |  |  |   |   |
|   | In which community state   | e or territory did you live?   | -NONE-   | . Fill in the name and  | d current address of that person.   |
|   | Name of your spouse, former spouse, Number, Street, City, State & Zip              |  |  |   |   |
| in line 2 a   | gain as a codebtor only i<br>D), Schedule E/F (Official                            | f that person is a guaranto  | r or cosigner. Make su                           | re you have listed the  | with you. List the person shown<br>e creditor on Schedule D (Official<br>chedule E/F, or Schedule G to fill |
|   | mn 1: Your codebtor<br>, Number, Street, City, State and ZI                        | P Code   |  | Column 2: The cred<br>Check all schedules                       | litor to whom you owe the debt that apply:  |
| 205   | cy Weinkauf<br>09 Island Pkwy E<br>nney Lake, WA 98391                             |  |  | ■ Schedule D, lin □ Schedule E/F, I □ Schedule G AmeriCredit/GM | ine   |

| Fill               | in this informa  | ation to identify your c                       | ase:   |   |                        |                 |                   |                      |                        |                                 |                   |
|--------------------|--|--|--|---|------------------------|-----------------|-------------------|----------------------|------------------------|---------------------------------|-------------------|
|                    | otor 1   | Joey Jason                                     |  |   |                        |                 |                   |                      |                        |                                 |                   |
|                    | otor 2<br>buse, if filing)                                 |  |  |   |                        | _               |                   |                      |                        |                                 |                   |
| Uni                | ted States Ba  | nkruptcy Court for the                         | : WESTERN DISTRICT   | T OF WASHINGTON                                     |                        |                 |                   |                      |                        |                                 |                   |
| (If kr             | se number  | 20-40491                                       |  | -   |                        |                 | □ Aı              |                      | ed filing<br>ent show  | ring postpetition               |                   |
|                    |  | orm 106I                                       |  |   |                        |                 | M                 | M / DD/ \            | YYYY                   |                                 |                   |
| S                  | chedule  | : I: Your Inc                                  | ome  |   |                        |                 |                   |                      |                        |                                 | 12/15             |
| sup<br>spo<br>atta | plying correctuse. If you are character                    | t information. If you<br>e separated and you   | sible. If two married peo<br>are married and not fili<br>Ir spouse is not filing w<br>On the top of any additi | ng jointly, and your s<br>ith you, do not includ    | spouse is<br>de inforn | s livi<br>natio | ing with on about | you, incl<br>your sp | ude info<br>ouse. If r | ormation abou-<br>more space is | t your<br>needed, |
| 1.                 | Fill in your information                                   | employment<br>ı.                               |  | Debtor 1  |                        |                 |                   | Debtor 2             | 2 or non-              | -filing spouse                  |                   |
|                    | If you have more than one job, attach a separate page with |  | Employment status  | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |                        |                 |                   | ☐ Empl               | oyed<br>mployed        | I                               |                   |
|                    | employers.   | information about additional employers.        | Occupation   | Insurance Agent                                     | t                      |                 |                   |                      |                        |                                 |                   |
|                    | Include part-<br>self-employe                              | -time, seasonal, or ed work.                   | Employer's name  | Self Employed                                       |                        |                 |                   |                      |                        |                                 |                   |
|                    |  | may include student<br>ker, if it applies.     | Employer's address   |   |                        |                 |                   |                      |                        |                                 |                   |
|                    |  |  | How long employed t  | here? 11 years                                      | s                      |                 |                   | _                    |                        |                                 |                   |
| Par                | t 2: Giv   | ve Details About Mor                           | nthly Income   |   |                        |                 |                   |                      |                        |                                 |                   |
|                    |  | y income as of the day                         | ate you file this form. If   | you have nothing to re                              | eport for a            | any I           | ine, write        | \$0 in the           | space. I               | nclude your no                  | n-filing          |
| -                  |  | filing spouse have mo<br>h a separate sheet to | ore than one employer, co  | ombine the information                              | n for all e            | mplo            | yers for t        | that perso           | on on the              | ; lines below. If               | you need          |
|                    |  |  |  |   |                        |                 | For Deb           | otor 1               |                        | Debtor 2 or filing spouse       |                   |
| 2.                 |  |  | ry, and commissions (b<br>calculate what the monthl  |   | 2.                     | \$              |                   | 0.00                 | \$                     | 0.00                            | _                 |
| 3.                 | Estimate ar  | nd list monthly overt                          | ime pay.   |   | 3.                     | +\$             |                   | 0.00                 | +\$                    | 0.00                            | _                 |
| 1                  | Calculate a  | ross Income Add lin                            | na 2 ± lina 3  |   | 1                      | •               |                   | 0.00                 | Ф                      | 0.00                            | 1                 |

| Debto | or 1  | Joey Jason Weinkauf   |            |          | Case number (if known) |    | 20-40491  |               |   |  |
|-------|---|---|------------|----------|------------------------|----|-----------|---------------|---|--|
|       |   |   |            | F        | For Debtor 1           |    |           | otor 2 or     |   |  |
|       | Сор   | y line 4 here   | 4.         | \$       | 0.00                   | )  | \$        | 0.00          | -                                       |  |
| 5.    | List  | all payroll deductions:   |            |          |                        |    |           |               |   |  |
|       | 5a.<br>5b.  | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans  | 5a.<br>5b. |          |                        | _  | \$        | 0.00          | -                                       |  |
|       | 5с.   | Voluntary contributions for retirement plans  | 5c.        |          |                        | _  | \$        | 0.00          | -                                       |  |
|       | 5d.   | Required repayments of retirement fund loans  | 5d.        |          |                        | _  | φ         | 0.00          | -                                       |  |
|       | 5u.<br>5e.  | Insurance   | 5e.        |          |                        | _  | φ         | 0.00          | _                                       |  |
|       | 5f.   | Domestic support obligations  | 5f.        | \$       |                        | _  | Ψ         | 0.00          | -                                       |  |
|       | 5g.   | Union dues  | 5g.        |          |                        | _  | Ψ         | 0.00          | -                                       |  |
|       | 5h.   | Other deductions. Specify:  | 5h.        |          |                        | _  | · \$      | 0.00          | -                                       |  |
|       |   |   | _          | ' ψ      |                        |    |           |               | -                                       |  |
|       |   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.         | <b>ф</b> | 0.00                   |    | \$        | 0.00          | -                                       |  |
| 7.    | Caic  | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$       | 0.00                   | _  | \$        | 0.00          | -                                       |  |
|       | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total             |            |          |                        |    |           |               |   |  |
|       |   | monthly net income.   | 8a.        | \$       | 9,850.00               | )  | \$        | 0.00          |   |  |
|       | 8b.   | Interest and dividends  | 8b.        | \$       |                        | _  | \$        | 0.00          | -                                       |  |
|       | 8c.   | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |            | œ        | 0.00                   | _  | Ф.        | 0.00          | -                                       |  |
|       | 04  | settlement, and property settlement.  Unemployment compensation   | 8c.        |          |                        | _  | \$        | 0.00          | -                                       |  |
|       | 8d.   | Social Security   | 8d.        |          |                        | _  | \$        | 0.00          | -                                       |  |
|       | 8e.   | •   | 8e.        | Φ        | 0.00                   | _  | Φ         | 0.00          | -                                       |  |
|       | 8f.   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | 8f.        | \$       | 0.00                   |    | \$        | 0.00          |   |  |
|       | 8g.   | Pension or retirement income  | _ 8g.      |          |                        | _  | \$        | 0.00          | -                                       |  |
|       | 8h.   | Other monthly income. Specify:  | 8h.        |          |                        |    | · i — — — | 0.00          | -                                       |  |
|       |   |   | _          | _        |                        | _  |           |               | -<br>¬                                  |  |
| 9.    | Add   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$_      | 9,850.00               | )  | \$        | 0.00          | )                                       |  |
| 10.   | Calc  | culate monthly income. Add line 7 + line 9.   | 10. \$     | \$       | 9,850.00 +             | \$ | 0.        | 00 = \$       | 9,850.00                                |  |
|       |   | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |            | _        |                        | _  |           | <del>-</del>  | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
|       | State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. +\$ 0.00 |   |            |          |                        |    |           |               |   |  |
|       |   | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies   |            |          |                        |    | if it     | 12. \$ Combin | 9,850.00                                |  |
| 12    | D.c   |   | •          |          |                        |    |           |               | y income                                |  |
| 13.   | ■<br>100 }  | you expect an increase or decrease within the year after you file this form?  No.   | <i>.</i>   |          |                        |    |           |               |   |  |
|       |   | Yes. Explain:   |            |          |                        |    |           |               |   |  |

| Fill      | in this information to identify y   | our case:     |   |                       |                     |                               |               |  |  |
|-----------|---|---------------|---|-----------------------|---------------------|-------------------------------|---------------|--|--|
| Deb       | otor 1 Joey Jason   | Weinkau       | Check   |                       |                     |                               |               |  |  |
| Deh       | otor 2  |               | ☐ An amended filing ☐ A supplement showing postpetition chapter |                       |                     |                               |               |  |  |
|           | ouse, if filing)  |               |   |                       | the following date: |                               |               |  |  |
| Unit      | ed States Bankruptcy Court for the  | : WESTE       | MM / DD / YYYY  |                       |                     |                               |               |  |  |
| Cas       | e number 20-40491   |               |   |                       |                     |                               |               |  |  |
| (If k     | nown)   |               |   |                       |                     |                               |               |  |  |
| _         | (" :  |               |   |                       | l                   |                               |               |  |  |
|           | fficial Form 106J   |               |   |                       |                     |                               | 12/15         |  |  |
|           | chedule J: Your   | oth are equa  | are equally responsible for supplying correct                   |                       |                     |                               |               |  |  |
| info      | ormation. If more space is nember (if known). Answer eve                            | eded, atta    | ch another sheet to this  |                       |                     |                               |               |  |  |
| Par<br>1. | t 1: Describe Your House<br>Is this a joint case?                                   | ehold         |   |                       |                     |                               |               |  |  |
|           | No. Go to line 2.   |               |   |                       |                     |                               |               |  |  |
|           | ☐ Yes. Does Debtor 2 live   | in a separ    | ate household?  |                       |                     |                               |               |  |  |
|           | ☐ No<br>☐ Yes. Debtor 2 mu  | st file Offic | ial Form 106J-2, <i>Expense</i> s                               | s for Separate House  | ehold of Debto      | or 2.                         |               |  |  |
| 2.        | Do you have dependents?   | □ No          |   |                       |                     |                               |               |  |  |
|           | Do not list Debtor 1 and Debtor 2.  | ■ 188         |   |                       | Dependent's age     | Does dependent live with you? |               |  |  |
|           | Do not state the  |               |   |                       |                     |                               | □ No          |  |  |
|           | dependents names.   |               |   | Daughter              |                     | 9                             | Yes           |  |  |
|           |   |               |   | Daughter              |                     | 18                            | □ No<br>■ Yes |  |  |
|           |   |               |   |                       |                     |                               | □ No          |  |  |
|           |   |               |   |                       |                     |                               | ☐ Yes         |  |  |
|           |   |               |   |                       |                     |                               | □ No          |  |  |
| •         |   |               |   |                       |                     |                               | ☐ Yes         |  |  |
| 3.        | Do your expenses include<br>expenses of people other t<br>yourself and your depende | :han ┌        | No<br>Yes   |                       |                     |                               |               |  |  |
| Par       | t 2: Estimate Your Ongoi  | ing Month     | ly Expenses   |                       |                     |                               |               |  |  |
| Est       | imate your expenses as of y<br>penses as of a date after the<br>plicable date.      | our bankr     | uptcy filing date unless y                                      |                       |                     |                               |               |  |  |
|           | lude expenses paid for with   | non-cash      | government assistance i   | f vou know            |                     |                               |               |  |  |
| the       | value of such assistance an   |               |   |                       |                     | Your expe                     | enses         |  |  |
| (OI       | ficial Form 106l.)  |               |   |                       |                     | Tour expe                     |               |  |  |
| 4.        | The rental or home owners payments and any rent for the                             |               |   | nclude first mortgage | e 4. \$             |                               | 4,000.00      |  |  |
|           | If not included in line 4:  |               |   |                       |                     |                               |               |  |  |
|           | 4a. Real estate taxes   |               |   |                       | 4a. \$              |                               | 0.00          |  |  |
|           | 4b. Property, homeowner'  | s, or renter  | 's insurance  |                       | 4b. \$              |                               | 120.00        |  |  |
|           | 4c. Home maintenance, re  |               |   |                       | 4c. \$              |                               | 0.00          |  |  |
| E         | 4d. Homeowner's associa   |               |   | mo oquity locas       | 4d. \$              |                               | 0.00          |  |  |
| 5.        | Additional mortgage paym  | ents for ye   | our residence, such as no                                       | me equity loans       | 5. \$               |                               | 0.00          |  |  |

| Debtor         | 1 Joey Ja       | son Weinkauf  | Case num      | ber (if known) | 20-40491                      |
|----------------|-----------------|---|---------------|----------------|-------------------------------|
| 6. <b>U</b> 1  | ilities:        |   |               |                |                               |
| 6a             |                 | /, heat, natural gas  | 6a.           | \$             | 329.00                        |
| 6b             | •               | ewer, garbage collection  | 6b.           | \$             | 130.00                        |
| 60             |                 | ne, cell phone, Internet, satellite, and cable services   | 6c.           | \$             | 347.00                        |
| 60             |                 | pecify: Cell phones, minutes for child safety   | 6d.           | ·              | 124.00                        |
|                |                 | sekeeping supplies  | 7.            | \$             |                               |
|                |                 | children's education costs  | 7.<br>8.      | \$             | 1,100.00                      |
|                |                 |   |               | \$             | 170.00                        |
|                | -               | dry, and dry cleaning   | 9.            | *              | 150.00                        |
|                |                 | products and services   | 10.           | \$             | 250.00                        |
|                |                 | ental expenses  | 11.           | \$             | 240.00                        |
|                |                 | Include gas, maintenance, bus or train fare. car payments.  | 12.           | \$             | 495.00                        |
| 3. <b>E</b> r  | ntertainment    | , clubs, recreation, newspapers, magazines, and books   | 13.           | \$             | 0.00                          |
|                |                 | tributions and religious donations  | 14.           | \$             | 0.00                          |
|                | surance.        | -   |               |                |                               |
|                |                 | nsurance deducted from your pay or included in lines 4 or 20.   |               |                |                               |
|                | ia. Life insur  | * . *   | 15a.          | \$             | 250.00                        |
| 15             | b. Health in:   | surance   | 15b.          | \$             | 0.00                          |
|                | ic. Vehicle ir  |   | 15c.          | \$             | 295.00                        |
|                |                 | urance. Specify:  | 15d.          |                | 0.00                          |
|                |                 | nclude taxes deducted from your pay or included in lines 4 or 20.   |               | ¥              | 0.00                          |
| Sp             | pecify:         | , , ,   | 16.           | \$             | 0.00                          |
|                |                 | lease payments:<br>nents for Vehicle 1  | 17a.          | \$             | 0.00                          |
|                | . ,             |   | 17a.<br>17b.  | \$             |                               |
|                |                 | nents for Vehicle 2   |               | ·              | 0.00                          |
|                | c. Other. Sp    | -   | 17c.          | \$             | 0.00                          |
|                | d. Other. Sp    |   | 17d.          | \$             | 0.00                          |
|                |                 | s of alimony, maintenance, and support that you did not report a<br>your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I) |               | \$             | 0.00                          |
|                |                 | ts you make to support others who do not live with you.   |               | \$             | 0.00                          |
|                | pecify:         |   | 19.           |                |                               |
| ე. <b>O</b> 1  | her real prop   | perty expenses not included in lines 4 or 5 of this form or on Sci  | hedule I: Yo  | our Income.    |                               |
| 20             | a. Mortgage     | es on other property  | 20a.          | \$             | 0.00                          |
| 20             | b. Real esta    | ate taxes   | 20b.          | \$             | 0.00                          |
| 20             | c. Property,    | homeowner's, or renter's insurance  | 20c.          | \$             | 0.00                          |
|                |                 | nce, repair, and upkeep expenses  | 20d.          | ·              | 0.00                          |
|                |                 | ner's association or condominium dues   | 20e.          |                | 0.00                          |
|                | ther: Specify:  |   |               | +\$            | 0.00                          |
|                |                 |   |               | - Ψ            | 0.00                          |
|                | -               | monthly expenses  |               |                |                               |
|                | 2a. Add lines 4 | •   |               | \$             | 8,000.00                      |
| 22             | b. Copy line 2  | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |               | \$             |                               |
| 22             | c. Add line 22  | 2a and 22b. The result is your monthly expenses.  |               | \$             | 8,000.00                      |
| 3. <b>C</b> a  | alculate your   | monthly net income.   |               |                |                               |
|                |                 | e 12 (your combined monthly income) from Schedule I.  | 23a.          | \$             | 9,850.00                      |
|                |                 | r monthly expenses from line 22c above.   | 23b.          | -\$            | 8,000.00                      |
| 22             | Sc Subtract     | your monthly expenses from your monthly income.   |               |                | <del>_</del>                  |
| 23             |                 | It is your <i>monthly net income</i> .  | 23c.          | \$             | 1,850.00                      |
| .4. <b>D</b> o | o you expect    | an increase or decrease in your expenses within the year after  | you file this | s form?        |                               |
| Fo             | r example, do y | you expect to finish paying for your car loan within the year or do you expect yo   |               |                | ease or decrease because of a |
| _              | No.             | James of Joan Mongago.  |               |                |                               |
|                |                 | Evaloin horo:   |               |                |                               |
|                | Yes.            | Explain here:   |               |                |                               |

| Fill in this in     | formation to identify your                             | case:                    |                          |                        |  |
|---------------------|--|--------------------------|--------------------------|------------------------|--|
| Debtor 1            | Joey Jason Wein  | kauf                     |                          |                        |  |
|                     | First Name   | Middle Name              | Last Name                |                        |  |
| Debtor 2            | Et and   | Term N                   |                          |                        |  |
| (Spouse if, filing) | First Name   | Middle Name              | Last Name                |                        |  |
| United States       | Bankruptcy Court for the:                              | WESTERN DISTRICT O       | OF WASHINGTON            |                        |  |
| Case number         | 20-40491   |                          |                          |                        |  |
| (if known)          |  |                          |                          |                        | ☐ Check if this is an  |
|                     |  |                          |                          |                        | amended filing   |
|                     |  |                          |                          |                        |  |
| Official Fo         | orm 106Dec   |                          |                          |                        |  |
| Declar              | ation About a  | n Individual             | <b>Debtor's So</b>       | chedules               | 12/15  |
|                     | n. 18 U.S.C. §§ 152, 1341, 1<br>Sign Below             | 519, and 35/1.           |                          |                        |  |
| Did you             | pay or agree to pay some                               | one who is NOT an attor  | ney to help you fill out | bankruptcy forms?      |  |
| ■ No                |  |                          |                          |                        |  |
| ☐ Yes               | s. Name of person                                      |                          |                          |                        | nkruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
|                     | enalty of perjury, I declare<br>are true and correct.  | that I have read the sum | mary and schedules file  | ed with this declarati | on and   |
| X lel I             | loov Jason Weinkauf                                    |                          | X                        |                        |  |
| Joe                 | loey Jason Weinkauf y Jason Weinkauf ature of Debtor 1 |                          | Signature o              | f Debtor 2             |  |
| Date                | March 6, 2020  |                          | Date                     |                        |  |

| Fill        | in this info               | rmation to identify you                        | r case:  |   |   |   |
|-------------|----------------------------|--|--|---|---|---|
|             | otor 1                     | Joey Jason Wei                                 |  |   |   |   |
|             |                            | First Name                                     | Middle Name  | Last Name   |   |   |
| 1           | otor 2<br>ouse if, filing) | First Name                                     | Middle Name  | Last Name   |   |   |
| ` `         |                            |  |  |   |   |   |
| Uni         | ted States B               | ankruptcy Court for the:                       | WESTERN DISTRICT OF  | WASHINGTON  |   |   |
|             | se number<br>nown)         | 20-40491                                       |  |   | _   | Check if this is an mended filing                     |
| Sta<br>Be a | atemen                     | and accurate as possi                          |  | re filing together, both are                          | ankruptcy equally responsible for sup                           |   |
|             |                            | vn). Answer every que                          |  |   | ,,,,,,,,  |   |
|             |                            |  | arital Status and Where You  | Lived Before  |   |   |
| 1.          | What is yo                 | ur current marital statu                       | is?  |   |   |   |
|             | ■ Marrie □ Not ma          |  |  |   |   |   |
| 2.          | During the                 | last 3 years, have you                         | lived anywhere other than v  | where you live now?                                   |   |   |
|             | ■ No □ Yes. L              | ist all of the places you l                    | lived in the last 3 years. Do no   | ot include where you live now                         | ı.  |   |
|             | Debtor 1 F                 | Prior Address:                                 | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:  | Dates Debtor 2<br>lived there                         |
| 3.<br>state |                            |  |  |   | ity property state or territory<br>ico, Texas, Washington and W |   |
|             | □ No                       |  |  |   |   |   |
|             | _                          | Make sure you fill out Scl                     | hedule H: Your Codebtors (Of   | ficial Form 106H).                                    |   |   |
| Pai         | t 2 Expl                   | ain the Sources of You                         | ır Income  |   |   |   |
| 4.          | Fill in the to             | tal amount of income yo                        | mployment or from operating ou received from all jobs and a have income that you receive | all businesses, including part                        |   | ndar years?   |
|             | □ No                       |  |  |   |   |   |
|             | Yes. F                     | ill in the details.                            |  |   |   |   |
|             |                            |  | Debtor 1   |   | Debtor 2  |   |
|             |                            |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |
|             |                            | 1 of current year until<br>led for bankruptcy: | ☐ Wages, commissions, bonuses, tips  | \$24,204.33   | ☐ Wages, commissions, bonuses, tips                             |   |
|             |                            |  | Operating a business   |   | ☐ Operating a business  |   |

Official Form 107

| Debtor 1 Joey Jason Weinkauf |                          |  |   | Case number (if known) 20-40491  |  |  |                         |   |
|------------------------------|--------------------------|--|---|--|--|--|-------------------------|---|
|                              |                          |  |   |  |  |  |                         |   |
|                              |                          |  |   | Debtor 1   |  | Debtor 2   |                         |   |
|                              |                          |  |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)  | Sources of inc   |                         | Gross income<br>(before deductions<br>and exclusions) |
|                              |                          | ndar year:<br>December                   | 31, 2019 )  | ☐ Wages, commissions, bonuses, tips  | \$390,497.26   | ☐ Wages, con bonuses, tips   | nmissions,              |   |
|                              |                          |  |   | Operating a business   |  | ☐ Operating a  | business                |   |
|                              |                          | dar year bet<br>December                 |   | ☐ Wages, commissions, bonuses, tips  | \$359,000.00   | ☐ Wages, con<br>bonuses, tips  | nmissions,              |   |
|                              |                          |  |   | Operating a business   |  | ☐ Operating a  | business                |   |
|                              | winnings.  List each  No | If you are fili                          | ng a joint case   | ensions; rental income; intere<br>and you have income that y<br>ne from each source separat  | ou received together, list it  | only once under D  | ebtor 1.                | a gambing and lottery                                 |
|                              |                          |  |   | Debtor 1   |  | Debtor 2   |                         |   |
|                              |                          |  |   | Sources of income<br>Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions)  | Sources of inc<br>Describe below                                     |                         | Gross income<br>(before deductions<br>and exclusions) |
| Part                         | t 3: Lis                 | t Certain Pa                             | yments You I  | Made Before You Filed for E  | Bankruptcy   |  |                         |   |
| 6.                           | □ No.                    | Neither De individual puring the No. Yes | ebtor 1 nor Deprimarily for a position of the primarily for a position of the | debts primarily consumer botor 2 has primarily consumer botor 2 has primarily consumer primarily consumers on all family, or household by the primarily consumers on the primarily consumers of the primarily consumers on the primarily consumers of the primarily cons | mer debts. Consumer dead purpose."  d you pay any creditor a to d a total of \$6,825* or more ts for domestic support ob is bankruptcy case. s after that for cases filed of | tal of \$6,825* or mo<br>e in one or more pa<br>ligations, such as c | ore?<br>lyments and the | ne total amount you<br>nd alimony. Also, do           |
|                              | ■ Yes.                   |  |   | e you filed for bankruptcy, did  |  | tal of \$600 or more   | ?                       |   |
|                              |                          | ■ No.                                    | Go to line 7.   |  |  |  |                         |   |
|                              |                          | □ Yes                                    | include payn  | ach creditor to whom you paid<br>nents for domestic support of<br>his bankruptcy case.   |  |  |                         |   |
|                              | Creditor                 | 's Name and                              | l Address   | Dates of payme   | nt Total amount paid   | Amount you still owe   | Was this p              | ayment for  |

| 7.   | Within 1 year before you filed for bankrupton insiders include your relatives; any general particles of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | ortners; relatives of any gene<br>control, or owner of 20% or | eral partners; partner more of their voting                            | erships of which<br>g securities; a | ch you are a gene<br>nd any managing | ral partner; corporations agent, including one for |
|--|---|---|--|-------------------------------------|--------------------------------------|--|
|  | ■ No  |   |  |                                     |                                      |  |
|  | ☐ Yes. List all payments to an insider.   |   |  |                                     |                                      |  |
|  | Insider's Name and Address  | Dates of payment  | Total amount paid  | Amount ye                           |                                      | r this payment                                     |
| 8.   | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos  |   | ments or transfer a  | ny property                         | on account of a                      | debt that benefited an                             |
|  | ■ No  |   |  |                                     |                                      |  |
|  | ☐ Yes. List all payments to an insider  |   |  |                                     |                                      |  |
|  | Insider's Name and Address  | Dates of payment  | Total amount paid  | Amount ye still ov                  |                                      | r this payment<br>ditor's name                     |
| Par  | t 4: Identify Legal Actions, Repossession   | ns. and Foreclosures  |  |                                     |                                      |  |
| <ul> <li>9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or a List all such matters, including personal injury cases, small claims actions, divorces, collection suits, part modifications, and contract disputes.</li> <li>No</li> <li>Yes. Fill in the details.</li> <li>Case title</li> <li>Nature of the case</li> <li>Court or agency</li> </ul> |   | n suits, paterr   | ity actions, suppo   | ·                                   |                                      |  |
|  | Case number   |   | court or agoing,   |                                     |                                      |  |
|  | WSECU v. Weinkauf<br>19-2-09477-5   | collection  | PIERCE COUNT<br>SUPERIOR COU<br>930 TACOMA A<br>110<br>TACOMA, WAS     | URT<br>VE ROOM                      | Pending On app Conclude              | eal  |
|  | Wagemans v. Weinkauf<br>19-2-00360-18   | collection  | KITSAP COUNT<br>SUPERIOR COI<br>614 DIVISION S<br>PORT ORCHAR<br>98366 | URT<br>ST                           | ■ Pendin □ On app □ Conclu           | eal  |
| 10.  | Within 1 year before you filed for bankrupte<br>Check all that apply and fill in the details below  |   | rty repossessed, fo  | oreclosed, ga                       | arnished, attache                    | ed, seized, or levied?                             |
|  | ■ No. Go to line 11. □ Yes. Fill in the information below.  |   |  |                                     |                                      |  |
|  | Creditor Name and Address   | Describe the Property   |  |                                     | Date                                 | Value of the                                       |
|  |   | Explain what happened   |  |                                     |                                      | property   |
| 11.  | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec  No Yes. Fill in the details.  | otcy, did any creditor, incl                                  |  | nancial institu                     | ution, set off any                   | amounts from your                                  |
|  | Creditor Name and Address   | Describe the action the                                       | creditor took  |                                     | Date action was                      | Amount   |
|  |   |   |  | t                                   | aken                                 |  |

Case number (if known) 20-40491

Debtor 1 Joey Jason Weinkauf

| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or  | cy, was any of your property in the possess<br>nother official?  | sion of an assignee for the bend | efit of creditors, a      |
|-----|---|--|----------------------------------|---------------------------|
|     | ■ No □ Yes  |  |                                  |                           |
| Des |   |  |                                  |                           |
| Par | t 5: List Certain Gifts and Contribution:   |  |                                  |                           |
| 13. | Within 2 years before you filed for bankru  ■ No  □ Yes. Fill in the details for each gift.   | tcy, did you give any gifts with a total valu  | e of more than \$600 per person  | ?                         |
|     | Gifts with a total value of more than \$60 per person   | Describe the gifts   | Dates you gave the gifts         | Value                     |
|     | Person to Whom You Gave the Gift and Address:   |  |                                  |                           |
| 14. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co  | tcy, did you give any gifts or contributions   | with a total value of more than  | \$600 to any charity?     |
|     | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code                               |  | Dates you contributed            | Value                     |
| Par | rt 6: List Certain Losses   |  |                                  |                           |
| 15. | Within 1 year before you filed for bankrup or gambling?  ■ No □ Yes. Fill in the details.   | cy or since you filed for bankruptcy, did yo   | u lose anything because of the   | ft, fire, other disaster, |
|     | Describe the property you lost and how the loss occurred  | rescribe any insurance coverage for the lost clude the amount that insurance has paid. List surance claims on line 33 of Schedule A/B: P | st pending loss                  | Value of property lost    |
| Par | rt 7: List Certain Payments or Transfers  |  |                                  |                           |
|     | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or publiclude any attorneys, bankruptcy petition public No  Yes. Fill in the details. | parers, or credit counseling agencies for servi  | ces required in your bankruptcy. |                           |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Y   | Description and value of any proper transferred  | or transfer was made             | Amount of payment         |
|     | Travis A. Gagnier<br>Attorney at Law<br>P.O. Box 3949<br>Federal Way, WA 98063-3949   | Paid \$1,580. \$122 used to pay consuct as premium credit reports value reports and debtor educates \$1,458 applied to attorney fees.    | , car fax<br>tion.               | \$1,458.00                |

Case number (if known) 20-40491

Debtor 1 **Joey Jason Weinkauf** 

| 17.  | ithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyor omised to help you deal with your creditors or to make payments to your creditors?  o not include any payment or transfer that you listed on line 16. |   |                                   |                | rty to anyone who   |   |
|--|--|---|-----------------------------------|----------------|---|---|
|  | Yes. Fill in the details.  |   |                                   |                |   |   |
|  | Person Who Was Paid<br>Address   | Description and v transferred   | alue of any pro <sub>l</sub>      | perty          | Date payment or transfer was made                         | Amount of payment                             |
| 10   | Within 2 years before you filed for bankruptcy,  | did you sall trade o  | r othorwico tra                   | nefor any nro  | norty to anyone other                                     | than proporty                                 |
| 10.  | transferred in the ordinary course of your businclude both outright transfers and transfers made include gifts and transfers that you have already list.   | ness or financial affa<br>as security (such as t                          | i <b>irs?</b><br>he granting of a |                |   |   |
|  | Yes. Fill in the details.  |   |                                   |                |   |   |
|  | Person Who Received Transfer   | Description and v   | alue of                           | Describe       | any property or   | Date transfer was                             |
|  | Address  | property transferr  |                                   |                | s received or debts                                       | made  |
|  | Person's relationship to you   |   |                                   |                |   |   |
| 19.  | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No  |   | y property to a                   | self-settled t | rust or similar device o                                  | of which you are a                            |
|  | Yes. Fill in the details.  |   |                                   |                |   |   |
|  | Name of trust  | Description and v   | alue of the prop                  | perty transfer | red   | Date Transfer was made                        |
| Por  | t 8: List of Certain Financial Accounts, Instru  | imonto Sofo Donocit   | Poyos and Sta                     | rogo Unito     |   |   |
| 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, clossold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokel houses, pension funds, cooperatives, associations, and other financial institutions. |  |   |                                   |                |   |   |
|  | No   |   |                                   |                |   |   |
|  | ☐ Yes. Fill in the details.  |   |                                   |                |   |   |
|  |  | ast 4 digits of<br>ecount number  | Type of accourant instrument      | c<br>m         | ate account was<br>losed, sold,<br>loved, or<br>ansferred | Last balance<br>before closing or<br>transfer |
| 21.  | cash, or other valuables?  | r before you filed for  | bankruptcy, an                    | y safe depos   | it box or other deposi                                    | tory for securities,                          |
|  | No   |   |                                   |                |   |   |
|  | Yes. Fill in the details.  |   |                                   |                |   |   |
|  | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, State and ZIP Code)                  |                                   | Describe the   | e contents  | Do you still have it?                         |
| 22.  | Have you stored property in a storage unit or p  | place other than your   | home within 1                     | year before y  | ou filed for bankrupto                                    | y?  |
|  | ■ No   |   |                                   |                |   |   |
|  | Yes. Fill in the details.  |   |                                   |                |   |   |
|  | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                                   | Describe the   | contents  | Do you still have it?                         |
|  |  |   |                                   |                |   |   |

Debtor 1 Joey Jason Weinkauf

| Par  | t 9: Identify Property You Hold or Control for S   | Someone Else   |                                      |                       |  |  |  |
|--|--|--|--------------------------------------|-----------------------|--|--|--|
| 23.  | Do you hold or control any property that someon for someone.   | ne else owns? Include any proper   | ty you borrowed from, are storing fo | r, or hold in trust   |  |  |  |
|  | ■ No   |  |                                      |                       |  |  |  |
|  | Yes. Fill in the details.  |  |                                      |                       |  |  |  |
|  | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)    | Describe the property                | Value                 |  |  |  |
| Par  | tt 10: Give Details About Environmental Informa  | ition  |                                      |                       |  |  |  |
| For  | the purpose of Part 10, the following definitions a  | apply:   |                                      |                       |  |  |  |
| -  | Environmental law means any federal, state, or I toxic substances, wastes, or material into the air regulations controlling the cleanup of these sub | r, land, soil, surface water, ground                                       |                                      |                       |  |  |  |
|  | Site means any location, facility, or property as to own, operate, or utilize it, including disposal s   | -  | law, whether you now own, operate,   | or utilize it or used |  |  |  |
|  | Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s  |  | s waste, hazardous substance, toxic  | substance,            |  |  |  |
| Rep  | ort all notices, releases, and proceedings that yo   | u know about, regardless of wher   | n they occurred.                     |                       |  |  |  |
| 24.  | Has any governmental unit notified you that you  | may be liable or potentially liable  | under or in violation of an environm | ental law?            |  |  |  |
|  | ■ No   |  |                                      |                       |  |  |  |
|  | Yes. Fill in the details.  |  |                                      |                       |  |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it    | Date of notice        |  |  |  |
| 25.  | Have you notified any governmental unit of any release of hazardous material?  |  |                                      |                       |  |  |  |
|  | ■ No □ Yes. Fill in the details.   |  |                                      |                       |  |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it    | Date of notice        |  |  |  |
| 26.  | Have you been a party in any judicial or adminis   | trative proceeding under any envi  | ronmental law? Include settlements   | and orders.           |  |  |  |
|  | ■ No □ Yes. Fill in the details.   |  |                                      |                       |  |  |  |
|  | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                   | Status of the case    |  |  |  |
| Par  | rt 11: Give Details About Your Business or Conr  | nections to Any Business   |                                      |                       |  |  |  |
| 27.  | Within 4 years before you filed for bankruptcy, d  | lid you own a business or have an  | y of the following connections to an | y business?           |  |  |  |
|  | ■ A sole proprietor or self-employed in a tr   | rade, profession, or other activity,                                       | either full-time or part-time        |                       |  |  |  |
| ■ A member of a limited liability company (LLC) or limited liability partnership (LLP) |  |  |                                      |                       |  |  |  |
|  | ☐ A partner in a partnership   |  |                                      |                       |  |  |  |
|  | ☐ An officer, director, or managing executi  | ive of a corporation   |                                      |                       |  |  |  |
|  | ☐ An owner of at least 5% of the voting or   | equity securities of a corporation   |                                      |                       |  |  |  |

Debtor 1 Joey Jason Weinkauf

Case number (if known) 20-40491

|   | □ No. None of the above applies. Go to Part 12.                                  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
|   | Yes. Check all that apply above and fill in the details below for each business. |   |  |  |  |  |  |
|   | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)           | Describe the nature of the business  Name of accountant or bookkeeper | Do not in                              | · Identification number<br>clude Social Security number or ITIN.<br>siness existed |  |  |  |
|   | Joe Weinkauf Agency LLC<br>19902 SR 410 E<br>Bonney Lake, WA 98391               | Insurance Agency  | EIN:<br>From-To                        | EIN = 90-0901165;UBI = 603 248<br>088<br>2012 - present                            |  |  |  |
|   | Joe Weinkauf Agency  | Insurance agency, sole proprietor                                     | EIN:<br>From-To                        | 26-2719190   |  |  |  |
| <ul> <li>28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your bus institutions, creditors, or other parties.</li> <li>■ No</li> <li>□ Yes. Fill in the details below.</li> </ul> |  |   | t your business? Include all financial |  |  |  |  |
|   | Name Address (Number, Street, City, State and ZIP Code)                          | Date Issued   |  |  |  |  |  |

| Debtor 1                          | Joey Jason Weinkauf  | C                                      | case number (if known) | 20-40491            |
|-----------------------------------|--|--|------------------------|---------------------|
|                                   |  |  |                        |                     |
| Part 12:                          | Sign Below   |  |                        |                     |
| are true a<br>with a ba           | ad the answers on this <i>Statement of Financial</i> and correct. I understand that making a false sankruptcy case can result in fines up to \$250,0 . §§ 152, 1341, 1519, and 3571. | statement, concealing property, or     | obtaining money or     |                     |
| /s/ Joe                           | y Jason Weinkauf   |  |                        |                     |
|                                   | ason Weinkauf<br>re of Debtor 1  | Signature of Debtor 2                  |                        |                     |
| Date _                            | March 6, 2020  | Date                                   |                        |                     |
| <b>Did you</b> a<br>■ No<br>□ Yes | attach additional pages to Your Statement of I   | Financial Affairs for Individuals Fili | ng for Bankruptcy (C   | Official Form 107)? |
| •                                 | pay or agree to pay someone who is not an at   | torney to help you fill out bankrupt   | cy forms?              |                     |
| No                                |  |  |                        |                     |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### United States Bankruptcy Court Western District of Washington

| In re       | Joey Jason Weinkauf   |  | Case No.  | 20-40491                                |  |  |
|-------------|---|--|---|---|--|--|
|             |   | Debtor(s)  | Chapter   | 13                                      |  |  |
|             | DISCLOSURE OF COMPE   | ENSATION OF ATTO   | RNEY FOR DE   | BTOR(S)                                 |  |  |
| (           | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: |  |   |   |  |  |
|             | For legal services, I have agreed to accept   |  | \$  | 4,000.00                                |  |  |
|             | Prior to the filing of this statement I have received   | 1  | \$  | 1,458.00                                |  |  |
|             | Balance Due   |  |   | 2,542.00                                |  |  |
| 2.          | The source of the compensation paid to me was:  |  |   |   |  |  |
|             | ■ Debtor □ Other (specify):   |  |   |   |  |  |
| 3.          | The source of compensation to be paid to me is:   |  |   |   |  |  |
|             | ■ Debtor □ Other (specify):   |  |   |   |  |  |
| 4.          | I have not agreed to share the above-disclosed com  | pensation with any other person  | unless they are memb  | pers and associates of my law firm.     |  |  |
|             | ☐ I have agreed to share the above-disclosed compen copy of the agreement, together with a list of the n  |  |   |   |  |  |
| 5.          | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |  |   |   |  |  |
| 1           | Analysis of the debtor's financial situation, and rend<br>Preparation and filing of any petition, schedules, sta<br>Representation of the debtor at the meeting of credit<br>[Other provisions as needed]  In all Chapter 13 cases, the attorney fe<br>shall be brought to establish the exact  | atement of affairs and plan which<br>tors and confirmation hearing, an<br>es and costs shall be actual | n may be required;<br>nd any adjourned hear<br>I time and costs ex            | ings thereof; pended. A separate motion |  |  |
| <b>6.</b> ] | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any deposition for the above. Representation is limited counsel; a copy of which will be produced.  | ischargeability actions or a to and on the terms of the f  | ny other adversary<br>ee agreement betw                                       |   |  |  |
|             |   | CERTIFICATION  |   |   |  |  |
|             | certify that the foregoing is a complete statement of a ankruptcy proceeding.   | ny agreement or arrangement for  | payment to me for re  | presentation of the debtor(s) in        |  |  |
| M           | arch 6, 2020  | /s/ Travis A. Gag  | nier  |   |  |  |
| _           | ate   | Travis A. Gagnie Signature of Attorne  | r<br>zy<br>ravis Gagnier, Inc.,<br>S., Bldg. F<br>x 98063<br>ax: 253-941-0476 | P.S.                                    |  |  |

### **United States Bankruptcy Court** Western District of Washington

| In re                           | Joey Jason Weinkauf                   |  | Case No.            | 20-40491              |  |  |  |  |
|---------------------------------|---------------------------------------|--|---------------------|-----------------------|--|--|--|--|
|                                 |                                       | Debtor(s)                                  | Chapter             | 13                    |  |  |  |  |
| VERIFICATION OF CREDITOR MATRIX |                                       |  |                     |                       |  |  |  |  |
| The ab                          | ove-named Debtor hereby verifies that | the attached list of creditors is true and | correct to the best | of his/her knowledge. |  |  |  |  |
| Date:                           | March 6, 2020                         | /s/ Joey Jason Weinkauf                    |                     |                       |  |  |  |  |

Joey Jason Weinkauf Signature of Debtor Acceptance Now Attn: Bankruptcy 5501 Headquarters Drive Plano TX 75024

Acceptance Now 5501 Headquarters Drive Plano TX 75024

Affirm, Inc. Attn: Bankruptcy Po Box 720 San Francisco CA 94104

Affirm, Inc. 650 California St Fl 12 San Francisco CA 94108

Alaska USA Federal Credit Union Attn: Bankruptcy Po Box 196613 Anchorage AK 99519

Alaska USA Federal Credit Union P.o. Box 196613 Anchorage AK 99519

Amazon Capital Services PO Box 035184 Seattle WA 98124

AmeriCredit/GM Financial Attn: Bankruptcy Po Box 183853 Arlington TX 76096

AmeriCredit/GM Financial Po Box 181145 Arlington TX 76096

Amiercan Honda Finance PO Box 168088 Irving TX 75016 BB&T PO Box 1847 Wilson NC 27894

BECU Mail Stop 1112-2 PO Box 97050 Seattle WA 98124

BMW Financial Services PO Box 3608 Dublin OH 43016

Byram Healthcare 120 Bloomingdale Rd, Ste 301 White Plains NY 10605

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City UT 84130

Capital One Po Box 30281 Salt Lake City UT 84130

Capital One Auto Finance Attn: Bankruptcy Po Box 30285 Salt Lake City UT 84130

Capital One Auto Finance Credit Bureau Dispute Plano TX 75025

Capital One Checking PO Box 60599 City of Industry CA 91716

Citibank/Shell Oil Citicorp Credit Srvs/Centralized Bk dept Po Box 790034 St Louis MO 63179 Citibank/Shell Oil Po Box 6497 Sioux Falls SD 57117

Denali/Division of Nuvision Credit Union Attn: Bankruptcy 440 E 36th St Anchorage AK 99503

Denali/Division of Nuvision Credit Union 440 E. 36th Avenue Anchorage AK 99503

DEPARTMENT OF LABOR & INDUSTRI 3RD FLOOR LEGAL DEPT PO BOX 44170 OLYMPIA WA 98504-4170

DEPARTMENT OF REVENUE ATTN: BANKRUPTCY UNIT 2101 4TH AVE #1400 SEATTLE WA 98121-2317

DEPARTMENT OF REVENUE PO BOX 47464 Olympia WA 98504-7464

Diversified Consultants, Inc. Attn: Bankruptcy Po Box 679543 Dallas TX 75267

Diversified Consultants, Inc. P O Box 551268 Jacksonville FL 32255

Employment Security Department UI Tax Admin PO Box 9046 Olympia WA 98507-9046

Enhanced Recovery PO Box 57547 Jacksonville FL 32241-7547 Evergreen/Freedom Rd 10509 Professional Circle Ste. 202 WA 98521

FARLEIGH WADA WITT 121 SW Morrison St, Ste 600 PORTLAND OR 97204

Freedom Road Financial Attn: Bankruptcy Po Box 4597 Oak Brook IL 60522

Freedom Road Financial 3842 95th St W Evergreen Park IL 60805

Hendrikus & Cathy Wagemans c/o Templeton Horton Weibel 3212 NW Bryon St, Ste 101 Silverdale WA 98383

INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OPERTAT PO BOX 7346 Philadelphia PA 19101-7346

Iron Horse F&T Gabe Tacker 18215 9th Street Ste 111 Lake Tapps WA 98391

Kabbage, Inc.
730 Peachtree Street NE
Ste. 1100
Atlanta GA 30308

Kubota Credit Corp Attn: Bankruptcy Po Box 2046 Grapevine TX 76099

Kubota Credit Corp Po Box 2046 Grapevine TX 76099 Long Enterprises 1621 114th Ave SE Ste. 205 Bellevue WA 98004

MCCARTHY, BURGESS & WOLFF 26000 CANNON ROAD Bedford OH 44146

Moneytree PO Box 58266 Seattle WA 98188

Nissan Motor Credit PO BOx 740849 Cincinnati OH 45274

Nw Preferred Fcu 8950 Sw Burnham St Tigard OR 97223

PHILLIPS 66 PO BOX 6402 Sioux Falls SD 57117

Pierce County Assessor/Treasur 2401 South 35th St, Room 142 TACOMA WA 98409

Point Funding 701 Poydras St, Ste 4740 New Orleans LA 70139

PSE PO Box 91269 Bellevue WA 98009

PSE PO BOX 91269 Bellevue WA 98009-9269

Richmond & Richmond 1521 SE PIperberry Way Ste. 135 Port Orchard WA 98366 Security Credit Services Attn: Bankruptcy Po Box 1156 Oxford MS 38655

Security Credit Services 306 Enterprise Drive Oxford MS 38655

Sheffield Financial PO Box 1847 Wilson NC 27894

SHELL OIL
PROCESSING CTR
DES MOINES IA 50367-0400

Suntrust PO Box 26150 Richmond VA 23260

Syncb/Phillips 66 Attn: Bankruptcy Po Box 965060 Orlando FL 32896

Syncb/Phillips 66 P.o Box 965004 Orlando FL 32896

T-MOBILE P.O. BOX 742596 CINCINNATI OH 45274-2596

Tbf Financial Llc Attn: Bankruptcy Department 740 Waukegan Road, Suite 404 Deerfield IL 60015

Tbf Financial Llc 740 Waukegan Road Deerfield IL 60015 Tempoe, LLC 1750 Elm Street Ste. 1200 Manchester NH 03104

Toyota Financial Services Attn: Bankruptcy Dept Po Box 8026 Cedar Rapids IA 52409

Toyota Financial Services 3006 Northup Way Bellevue WA 98004

Tracy Weinkauf 20509 Island Pkwy E Bonney Lake WA 98391

UNIVERSITY OF WA MEDICAL PO BOX 35162 Seattle WA 98124-0366

WSECU Attn: Bankruptcy Po Box Wsecu Olympia WA 98507

WSECU Po Box Wsecu Olympia WA 98507